VS A15 (4) 15M 10/57

Robert A. Pumphrey

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	920	3	CERTIF	FICA	TE OF DEAT	Н		Reg. D	ist. No.	03711
1. PLACE OF DEATH o. COUNTY MO	ntgomery		MARYL	11	2. USUAL RESIDENCE (W	here decease	ed lived. If inst b. COU	itution: Reside		odmission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corpo	orote limits, wr	te RURAL and	give neare	est town)
Bethesda	ı		63 day	8	Elyri	.a.		72×	_3	
OR INSTITUTION	ical Center			Md.	d. STREET ADDRESS 371 N	orth .	Abbe Ro	ad		ON A FARM?
3. NAME OF DECEASED (Type or print)	Do Do	nald	Middle Ray		Adams, Jr.	4. DATE OF DEATH		Month August	21	., Yeor 58
S. SEX	6. COLOR OR RACE	7. MARR	DIVORCED		Pebruary 2.	1955	9. AGE (In ye			F UNDER 24 HRS. Hours Min.
00. USUAL OCCUPATE	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR		RY 11. BIRTHPLACE (Stote			100	TIZEN OF	WHAT COUNTRY
Child	rking life, even if retired		None		Ohi	Lo			U.S	. A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Donald R	. Adams, Si				Marcell	La Wri	ght			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. INE	ORMANT The Med	lical	Record	Address		
No			None	Th	e Clinical (	Center	, Bethe	sda lli	, Mar	yland
Conditions, if gave rise to couse (o), stoting lying couse lost.	the under-	}		702,0	Lastre Leus	remo				prop.
PART II. OI  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PAI		WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Par	et ti of item 18.	)		
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yes	20d, IN White at work	Nat while	PLAC focio	E OF INJURY (Home, form ry, street, office bldg., etc	n, 20f. (Cil)	y or lown)	(	(County)	(Stole)
	hat I attended the				, 19 58, to 1 occurred at 9:30	AM, fran	121, 19 m the cause treet, city or to	s and on t	last saw the date	the deceases
ACTUAL SIGNATURE	Kichael	See	(1)	м.	W	Linica	1 Cente	r	e Tarana	8/21/58
PHYSICIAN'S NAME (Type)	Richard L	ee, M	. D.				stitute Mary		SETTU	
20. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, Io	vn, or county)		(State)
Burial	8/24/5	8	Private	Ceme	etery	Jac	ckhorn.	Kentuc	cky	
3. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS		240 PEC	D BY PEGIST	TRAP 245 P	EGISTRAP'S SI	GNATURE	

Bethesda, Maryland

Associated aspect and the second of the seco Inches all the second things 47 (1) . . . Stafewill alested thereof the three lots The second secon strict of the manufactural incontrol Section Residence "Mission Fig. 19

of second section - passive \_\_\_\_\_ section of the section British 13 LA WINE the state of the s Day he had been been a need The state of the s

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ALL THE PROPERTY OF	CALL TO CAME TO SERVICE OF THE PARTY OF THE
	STATE OF THE STATE

# OR STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EALIN	DEPT.
for your files.	M
~ _ 400	460

a. COUNTY b. CITY OR TOWN III outside to porate limits, were RURAL c. LENGTH OF STAY IN 16

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Rea. Dist. No

d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give sweet address)

STREET ADDRESS

e. IS RESIDENCE ON A FARM?

3. NAME OF DECEASED

I. PLACE OF DEATH

COLOR OR RACE

7. MARRIED NEVER MARRIED

Middle

OF DEATH

4. DATE

Month 9. AGE (In your

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

IF UNDER TYEAR IF UNDER 24 HRS.

YES NO D

WIDOWED [

DIVORCED T USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? 21.5 G

Days

Hours

13. FATHER'S NAME

(Type or print)

Months

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 22-09-2740

Own home

17. INFORMANT

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Canditions, if ony, which

during most of working life, even if retired)

DUE TO

gave rise to immediate couse ( DUE TO (a), stating the underlying

INTERVAL PETWEEN

ONSET AND DEATH

couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS

20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of item 18.)

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year

Haur a.m.

While Not while at work at work

20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or tawn)

(Stote)

DATE SIGNED

(Stote)

PERFORMED?

NO [

0

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .

ond in my opinion death resulted from: Notural causes K., Accident ... Suicide ..., Hamicide ..., Undetermined manner

(Caunty)

ACTUAL SIGNATURE >

CHIEF MEDICAL EXAMINER

NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF

**EXAMINER'S** 

8/6/58

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) ARLINGTON NATIONAL CEMETER Y

**ADDRESS** 

AUG 5

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ARLINGTON, VIRGINIA, 246 REGISTRÁR'S SIGNATURE

VS. ATSME 5M 2/57

orde

FUNERAL D

0

23. FUNERAL DIRECTOR'S SIGNATURE

SILVER SPRING, MD.

DATE

the same of the sa 

09181

	9206		CERTIFIC	ATE OF DEATH		Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (Whe		COUNTY	dence before od	mission)
b. CITY OR TOWN	If outside corporate limits	s, write c. LEt	NGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits,			own) /
Bethesda	ediesi iowiij		38 days	Upperville	8	73x - 3	3	V
	TAL (If not in hospital, gi			d. STREET ADDRESS			e. IS	RESIDENCE
	al Center,	Bethesd	a Di. Md.	(No street	address)			NO S
3. NAME OF DECEASED (Type or print)	Mason Fi	t	Middle Ball	Losi	4. DATE OF DEATH	Month 1gust	Day	Year 1958
S. SEX	6. COLOR OR RACE	7. MARRIED X		B. DATE OF BIRTH	9. AGE (I	In years IF UND	DER TYEAR IF U	- 14
Male		WIDOWED [	DIVORCED	June 28, 1897	61	rthday) Month	s Days Hou	ırs Min,
00. USUAL OCCUPATI	ON (Give kind of work d	one 10b. KIND (	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of	or foreign country)	12.	CITIZEN OF WH	AT COUNTRY
	Inspector		itation	Virginia			U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME			
Charles F.	Ball			Bessie Sc	ott			
S. WAS DECEASED EVI	R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT The Med		Address		
VAS	(If yes, give war or dates of ser	None	e '	The Clinical Co	enter Ret	heeds 1	L. Marv	hand
2923	ATH (Enter only one country was Caused BY: IMMEDIATE CAUSE (o) DUE TO	D. 1.0	Vain Than	aboses with in	faction 4	fore	Q INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if a gove rise to couse (a), stoting lying cause lost.  Part II. OT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  Ony, which (b).  mmediate (b).  The under.  HER SIGNIFICANT COND  CAUSE OF DEATH	Status Aguston Control	Post sple  Foot sple  ic vigloid  BUTING TO DEATH BL	Me Horry for A Melylusca T NOT RELATED TO THE TERMIN ED. (Enter nature of injury in Pa	fastion of	fforce alf ION GIVEN IN P	LINTERVAL ONSET A 12 12 12 VART 1(0) 19, W	BETWEEN ND DEATH LYS LLIP CALS AS AUTOPSY FERMED?
Conditions, if or gove rise to it couse (o), stoting lying cause lost.  PART II. OT CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  Ony, which the under.  HER SIGNIFICANT COND  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	Status  Status	GOV INJURY OCCURRED 20e. P	whose with in me tomy for he metaphised T NOT RELATED TO THE TERMIN	HALDISEASE CONDITION OF FORM I OF PORT II OF ICHT OF ICHT	fforce alf ION GIVEN IN P	LINTERVAL ONSET A 12 ( / O V) PART I(o) 19. W)	BETWEEN ND DEATH LYS LLYP AS AUTOPSY REPRIMED?

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 inpletely filled in by the funeral disection opens. Pages 1 and 2 should be filed with may be retained by the happital or attending physician.

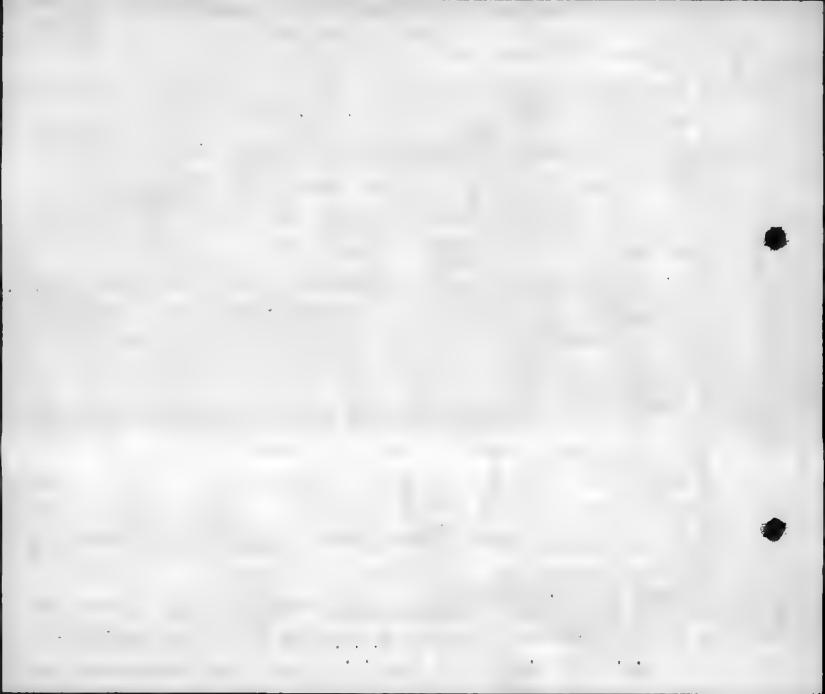
TO FUNERAL DIRECTOR:

This certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remove carban-pape the registrar prior to burial, crematian, ar removal, and in any event within 72 hours—for death. VS A15 (4) 15M 10/57

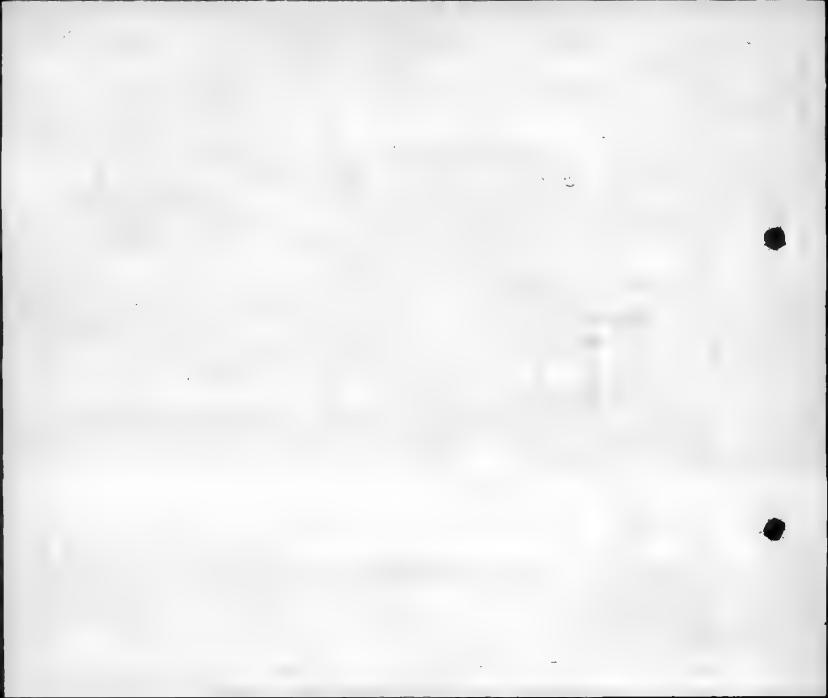
BIOMETERS - MEDIEF TO THE MEDICATED STATE OF ATTIMATE mental and the second second Manager Control of the Control of th territorial and the second of the first territorial contracts and the second of the se - the first to set at high president 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9208 Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, water eral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town Chevy ploods Chevy Chase Chase d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO D NAME OF 4 DATE Middle Lost Month Day Year DECEASED (Type or print) DEATH 19.5 5. SEX 6. COLOR OR RACE B. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TI NEVER MARRIED 9. AGE (la years last birthday) Months Days Hours Min. WIDOWED [7] DIVORCED [ pers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHMACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? death. during most of working life) even if retired) ADURAN after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address Che Vy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Chase . Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** QUA Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO. 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) foctory, street, office bldg., etc. Hour o. n. While Not while at work at work p. m ō 21. I certify that I attended the deceased from alive on\_ and that death occurred at 1:50/ M, from the causes and on the date stated above eroc ADDRESS (Str. DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) James M. Whitlock FUNERAL ന 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Fort Lincoln Cometany Georges County 0 Wash 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S.H. Hines Co. 2901 14th St. N.W. DATEUG 1 1 '58 15M 9/55

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 9207 Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lewn) funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 17 YES 🗍 NO 🗁 3. NAME OF 4. DATE OF DEATH Middle Day Year DECEASED (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In Seors los) bir (right) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Atlin WIDOWED | DIVORCED [7] 106. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign county Pen 11 12 CITIZEN OF WHAT COUNTRY? Upply 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ves, give wor or dates of services CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which OCA gove tise to immediate **DUE TO** couse (o), sloting the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Months 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. n. Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at... M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE TO PHYSICIAN'S NAME (Type) n 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BUT LALL (Specify) 29/58 Arlington, Virginia Arlington National 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryland VS A15 (4) Cuthon & Frank 15M 9/55 DATE 1116 2 8 '58



requires that the



Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) montgomer c. CITY OR TOWN (If autside corporate limits, write RURAL and give fearest town) . IS RESIDENCE ON A FARM? YES NO TO Year 190 IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH ilan WAS AUTOPSY PERFORMED? YES NO P (County) (State) 1944, that I last saw the deceased ZEPM, fram the causes and an the date stated above. (Stole 245 REC'D BY REGISTRAR 24b. REGISTBAR'S SIGNATURE

VS A15 (4) 15M 9/55

13/ PUNERAL DIRECTOR'S SIGNATURE



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in them, 18. Give Pages 1. 2, and 3 to the funeral differor. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. If 5 may be retained for your filter.

TO FUNERAL DIRECTOR age 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours after death. **VS. A15ME** 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		Items 7 & 8, Film G-233 3/29/50.cac	Reg. Dist. No.
•	1,	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	1	Montgomery MARYLAND	o. STATE Med b. COUNTY mon /-
	b	CITY OR TOWN [If outside corporate limits, write BURL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neurest town)
		Treborna Sout 17 yrs	Tahoone Vanh
	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/oddress)	d. STREET ADDRESS C. IS REVIDENCE
		12/6 Willow Cook	17216 Willow ask YES NO 8
		NAME OF First Middle DECEASED First Middle DeceaseD Fype or print)	BODO PEATH DOY YEAR 10 TO
	5. 9	Culture proson	DATE OF SIRTH 2-14-91 9 AGE IN 1909 IF UNDER 17EAR IF UNDER 24 HSS.
		10. 0 11 P. 1 Mybbyleb #1/ DIVORCED #1	10/1-10/2/4/4/4/1/ lest buthday) Months Days Hours Min
		USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		bring most of working life, even if relired)	Wast De M.S.C.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Lom & Gebson	mary 9. Toil
1	15. [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 10, 07 Unknown) [17 yes. give war ar dates of service)	RORMANT Address 5-6 01 COR. Que NW
1	_	The state of the s	ory Berry Herry illust DE
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWIEN ONSET AND GEATH
		IMMEDIATE CAUSE (0) Carcuma of	stomach & luce
		DUE TO	o the state of m.
		Conditions. if any, which gave rise to immediate cause	and Metastasis
		(a), stoting the underlying DUE TO couse test.	
	7		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
B .	ST.		YES NO D
	CERTIFICATION	PRIMART ( ) OF CONTRIBUTING ( )	Her noture of injury in Port L or Port It of Hem 18.)
		CAUSE OF DEATH.	
	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLAC While Not while foctor	E OF INJURY (Home, form, i 20f (City or town) (County) (State) ry, street, effice bldg., etc.)
	ME	p. m. 19 of work of work	
		21. I certify that I took charge of the remains described above	gas variables
		apinian death resulted fram: Natural causes . Accident	J. Suicide, Hamicide, Undetermined monner
		SIGNATURE TOURS O. Prosethert	M D CHIEF MEDICAL EXAMINER   DATE SIGNED
		SIGNATURE: FREEZE SELF. FVI PENEZE	ASSISTANT MEDICAL FYAMINED
		NAME (Type) FRANK J. Broschant	DEPUTY MEDICAL EXAMINER DA 8-13-58
	220	BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d LOCATION (City, lown, or county) (State)
		Burial 0/15/50 Rock Creek	Cemetery Washington, D. C.
	23 .m.:	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	4	he S. H. Hines Co. Washington, D.	C. DATE AUG 1 5 158 Curing & France



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- E #	* 7	- 9	7
. 7	8.	- 8 -	- 8
- No.	100		

#### CERTIFICATE OF DEATH

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ŀ	32.1.	<u> </u>	CEKTIFICA	TIE OF DEATH	1	R	eg. Dist. N	o		
	1. PLACE OF DEATH o. COUNTY  Montgomery		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylan		b. CQUNTY,	Residence bel			
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Betnesda	ts, write c. LENGTI	H OF STAY IN 16	y c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda						
	d. NAME OF HOSPITAL (If not in hospital, got institution 5508 Oakmont Avenue	•		d. STREET ADDRESS	kmont A	venuet		e. IS RESIDENCE ON A FARM? YES NO TO		
	3 NAME OF DECEASED (Type or print) WILLIAM I	HERBERT	BILLICH	Lost	4. DATE OF DEATH AT	Month	13,	Year 19 58		
	5. SEX 6. COLOR OR MACE White	7. MARRIED TO NET	VER MARRIED	Sept. 25.1	9. AC 10s		UNDER 1 YEA	R IF UNDER 24 HRS Hours Min.		
	100 USUAL OCCUPATION (Give kind of work during most of working life, even if retired Mgr.	done 10b. KIND OF B		TRY 11. BIRTHPLACE (Slote Pennsylv			12. CITIZEN USA	OF WHAT COUNTRY		
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N						
L	Daniel Billich			Sarah Mil	ler					
I	15. WAS DECEASED EVER IN U. S. ARMED FOR [Yes. no. or unknown] [ (If yes, give wor or dates of p		CURITY NO. 17. IN	FORMANT		Address				
Į	No	187-09	7-3094 M	ildred Bill	ich-Ite	m#2				
	18. CAUSE OF DEATH [Enter only one co							TERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	my.	reader	C Harberry				15 2		
1	120,1 DUE TO		,		2					
I	Conditions, if any, which	File	1. Towarde	- Bufar	-c Floring	-:-		1. Tur.		
1	gove rise to immediate Couse (a), stating the under-	1-1/		se 6	, .					
1	lying couse lost.		26,6	re . / 6 2 . 6 2 6	Con			200. X		
1	PART II. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION  OR CONTRIBUTION  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
ı	20- ACCIDENT WAS HADEBURING CI	201 DESCRIPE HOW	19-00 Co	G. nickl	in fra	NO. h		YES NO 1		
Ī	20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW	INJUNT OCCURRED	. (Enter nature of injury in 1	ron i or ron ii or	item ID.J				
ł	20c. TIME OF INJURY Month, Day, Yes	or 20d. INJURY OCC	UPRED 20e. PLA	CE OF INJURY (Home, form	204 (City or to	arth)	16	(Stote)		
	Hour o. ft. 19	While Not wo	rk   foc	tory, street, office bldg., etc.	)		(County	) (31GF)		
ł	21. I certify that I attended the	deceased fram	5200	L. 1951, 10	5-1/3/	. 195 <i>F</i> ,1	hat I last :	saw the deceased		
ı	alive on 3./ 3/5	£, 12	and that death	occurred at dans	_M, from the	causes and	an the d	ate stated abave		
	ACTUAL SIGNATURE 1 11/12	170000	26	1.D 1.t 1.	ADDRESS (Street, o	ity or town, stor	le)	S / / H		
	PHYSICIAN'S 80 Viers	Iones Mill Roa	d,Rockvi	lle Md.		/		[ ]		
İ	220. BURIAL, CREMATION, 22b. DATE THEREO	F 22c, NAN	E OF CEMETERY OF	CREMATORY	22d. LOCATION (	City, town, or c	ounty)	(Stole)		
	Rurial   8/16/58	Par	klawn		Rockvi	lle.Md				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDR		240, REC'	D BY REGISTRAR	24b. REGISTR	AR'S,SJGNATI	JRE		
1	Robert A. Pumphrey	y-Betheso	ia,Md.	AUG 1	2 ,28	Critiun S	. Moul			

campletely filled in by the funeral director, opers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page. death. may be retained by the haspital or altending physician.

TO FUNERAL DIRECTOR— for this certificate has been signed by the attending physician page 3 should be det. If for use as the burial-transit permit. Then please remove cart the registrar prior to burial, cremation, or remayal, and in any event within 72 hours Tee. VS A15 (4) 15M 9/55



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## FOR STATE HEALTH DENT.

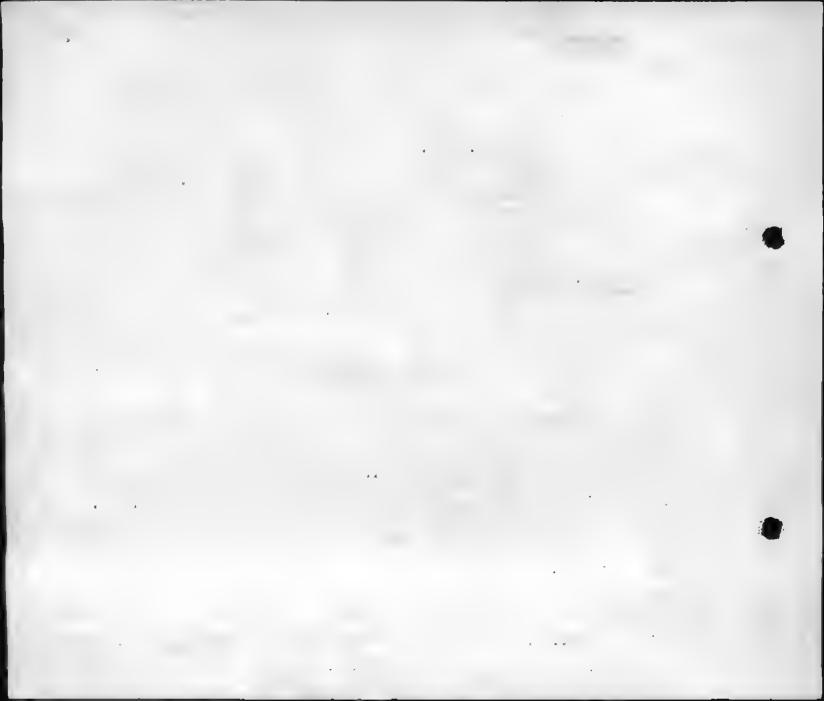
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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- 1	u	47	4	$\circ$	ąį ₹

										Keg. Dis	I. PU.	
PLACE	OF DEATH						2. USUAL RESIDENCE (V					odmission)
		itgomer			MAR	YLAND	Mary	Land	b. COUNT	Mont	E	many spi
b. CIT	OR TOWN	if outside corporation)	timils, write	RUKAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corp	orate timits, write	RURAL and	give near	est fawn)
	01	ney			2 days		× Olney					
d. NA	ME OF HOSP	TAL OR INSTIT	UTION (I	f nat in ho	spital, give street addre	055]	d. STREET ADDRESS				е	IS RESIDENCE
	Mon	tgomery	Cour	ty G	n. Hosp.		/ RFD # 1				1	res 🔲 NO 🔣
3. NAMI DECEA (Type	OF ASED or print)	Barry	Penn	is I	Middle Boccabella	_	Lost	4. DATE OF DEATH	Aug. 2	9,1958	Day	Year 19
5. SEX		6. COLOR	OR RACE	7. MARRI	ED NEVER MARRI	8 30	DATE OF BIRTH		9. AGE (In years		market desired	UNDER 24 HRS
	M	W		WIDOWE	D DIVORCED		0/8/51		feet birthday) yrs.	Months D	koys H	ours Min.
10a USU	AL OCCUPAT	ION (Give kind	of work of	one 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (State	or foreign co	ountry)	12 CITIZ	EN OF Y	VHAT COUNTRY
aumg	none	ing the, even i	renteoj	. 8	tudent		Mar	yland			USA	
13. FATH	ER'S NAME						14. MOTHER'S MAIDEN N	AME		_		
	Raym	ond G.	Bocca	bella	a.		Helen Ir	ene Sk	elton			
15. WAS	DECEASED E	VER IN U.S. A	RMED FOI	RCES? 16	SOCIAL SECURITY NO	17, INF	ORMANT		Address		main was supple	
	10	(ii haif Bua was			none		Hosp. Recor	d				
-		ATH [Enter on	у опе сои	se per line	for (a), (b), and (c). ]		_	-	-	+	INTERVAL	BETWEEN NO DEATH
	PART I. DE	ATH WAS CAU	SED BY:	Cer	rebral edem	a & 1	aceration					days
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		any, which )	(b)	Bul	Llet wound	thru	skull				H	
904	e rise to imm	ediote cause (	DUE TO									
	stating the	underlying	(e)									
<u>z</u>	PART II. O	HER SIGNIFIC	ANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		
				-							YES	PERFORMED?
ZOG. PRIM CAU	EXTERNAL CA	NUSE WAS	20	b DESCRIE	E HOW INJURY OCCL	RRED (Ent	er nature of injury in Par	t I or Fart (I :	of item 18 j			
FRIM CAU	SE OF DEATH	NUSE WAS INTRIBUTING	_	Play:	ing with 32	cal.	revolver					
₹ 20c.	TIME OF INJ	JRY Month	Day, Yea		INJURY OCCURRED	20e PLACE	OF INJURY (Home, form	20f (City	or town)	(Coun	ily)	(State)
20c.	. 123 306	8/27/	58 10	Whil	e Not while	factor	y, street, office bldg., etc.	) 01	ney Mo	ntg.	Md.	
~		het I took	charae			d abov	e, held an Autops	P=3	spection .			and in my
			_			ident 🗗		и — и и и и и и и и и и и и и и и и и и			-	Cild III IIIy
Opil	mon dean	i resulted t	OHI: 1	1010101	cooses [], Acc	idem [-	j, soitide [	Homicide	, Undere	rmined m	onner	
ACT	UAL	Frank	J. Br	osch	art		CHIEF MEDICAL EX	CAMINER [7]			D	ATE SIGNED
SIGI	NATURE			-			M.D. CHIEF MEDICAL EX	-	. 8	/29/58		
	MINER'S	Traw	& Q.	130	retroi	B-	DEPUTY MEDICAL			, -,, , -		
220. SUR	ME (Type)  IAL, CREMATIOVAL (Specif	ON, 226 DAT	E THEREO	F -	22c. NAME OF CEME	TERY OR C		400	ION (Cily, fown, o	or county)	-	(State)
Man are	JRIAL	SEP	1. 2.	1958	GATE OF	HEAVE	N CEMETERY	MONT	GOMERY_C	DUNTY.	_MAR	YLAND
23 FUNE	RAL DIRECTO	SIGNATUR	E	0	ADDRESS			D BY REGISTI		TRAR'S SIG		
Ma	ruer	Wit. of	mp	Koren	SILVER	SPRIN		0 15:		11 9	Kanzes	
								2 - 5				and the same of th

execute the certificate, 4 should be forwarded TO FUNERAL DIRECTOR VS A15ME 5M 2/57



VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9214 **CERTIFICATE OF DEATH** 

09190

257.7	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL—POTOMAC	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ROOINE Rest Home	A. STREET ADDRESS Route #3  e. 15 RESIDENCE ON A FARM? YES NO-FI
3. NAME OF First Middle DECEASED	LTON Lost 4. DATE Month Day Year DEATH August 27 1958
5. SEX Female  6. COLOR OR RACE Widowed T DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Author)   Hours   Hour
10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  HOUSEWIFE  Own Home	Naryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Eliza Hill
(Yes, no or unknown)   (If yes, give wor or dates of service)	INFORMANT Address  NEWIS Édward Bolton Same as Item 2.
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last.	er of The Liver 3 mo.
/ (-	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE  20b. DESCRIBE HOW INJURY OCCURRE  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part II or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) clary, street, affice bldg., etc.)
21. I certify that I attended the deceased from. 4/1 alive an 1950, and that death	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
SIGNATURE ANGULE J. PEG Juliania	e. Chevy Chase, Md.
	r CREMATORY 22d. LOCATION (City, town, or county) (State) 2rch Cem. Montgomery County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



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VS A15 (4)

15M 10/S7

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

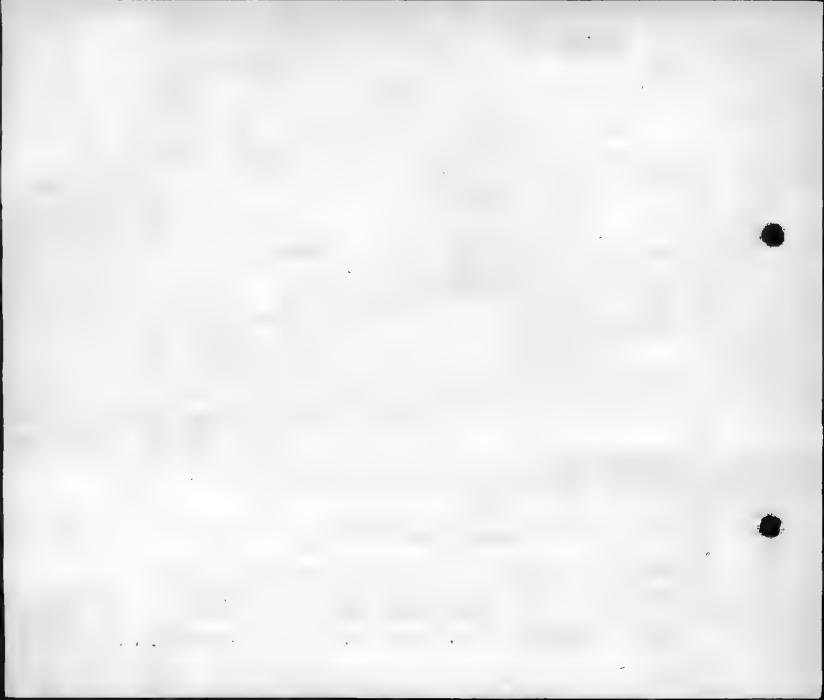
CERTIFICATE OF DEATH

Reg. Dist. No.

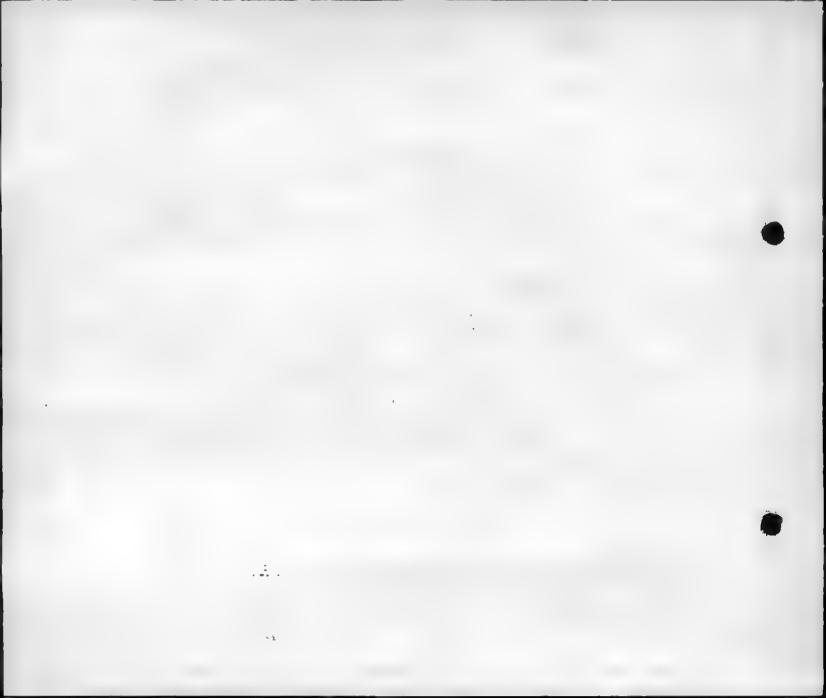
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND antonmeri CITY OR TOWN (If outside corporate limits, write c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle DATE Last Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years lost birthday) 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE Months Days Hours WIDOWED I 775 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Urse 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN II. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the under-Tring cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, l'Enter noture of injury in Part I or Part II of item IB 1 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while ot work or work p. m. 21. I certify that I attended the deceased from Athat I last saw the deceased M, from the causes and an the date stated obave. , and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL CREMATION, 225 DATE THEREON 22d LOCATION (City, town, or county) 22c. NAME OF **ADDRESS** Ved 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE C Ban S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09192MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY files. Health MARYLAND b. CITY OR TOWN III c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR INSTITUTION (If not in hospital, give street address) d. NAME O ON A FARM? YES NO K 3. NAME OF Middle ō DECEASED (Type or print) DEATH 7- MARRIED TO NEVER MARRIED TE 9. AGE Iln years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months DIVORCED [ WIDOWED [7] 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? SECURITY NO 17 INFORMAN HNTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). DASET AND DEATH IMMEDIATE CAUSE (o) 1 hr 15 min **DUE TO** Conditions, if any, which; gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO Z 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING 20d. ON, URY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) at work 🔲 at work 🔀 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection of Inquiry 🔼 Suicide V, Homicide , Undetermined monner opinion death resulted from: Natural couses . Accident ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER TO NAME (Type) 270. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Mt. Olivet\_Cemt Washington D.C. 24g. REC'D BY REGISTRAR 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9217 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY b. COUNTY RECORD RATE the funeral shauld be fi b. CITY OR TOWN of autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give necrest town) mo. d. NAME OF HOSPITAY (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Brooker YES NO 🔼 3. NAME OF DATE Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED / Z IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days DIVORCED | WIDOWED [7] угз 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) ewspaner work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME dig. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in/Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a. n. factory, street, office bldg., etc.] Not while at work of work 21. certify, that I attended the deceased from. 195 X, that I last saw the deceased ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CEDTIEICATE OF DEATH

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and give ne	grest fown)
	ON A FARM? YES TO NO
De	y Yeor
31	19 58
	IF UNDER 24 HRS
ths Days	Hours Min.
CITIZEN	F WHAT COUNTRY?
U	SA SA
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LE SE SINT	ERVAL BETWEEN SET AND DEATH
	1 human
PART 1(o)	PERFORMED? YES NO
(County)	(Stole)

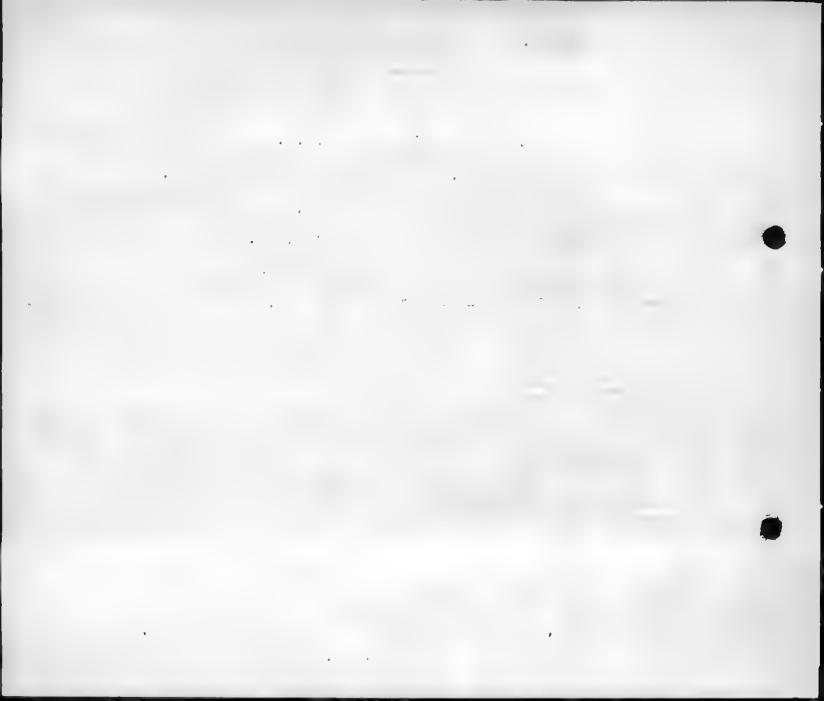
		3418		CEKI	11107	IL OI	> L .	•		Reg. Dist.	No.	, <u></u>
1. PLACE OF o. COUNT	TY	ntgomery		MAI	YLAND	o. STATE_	idence (who	_	d lived. If institution b. COUNTY	Mont 30		
b. CITY O	R TOWN (If and give ne	outside corporate limitarest town)	s, write	c. LENGTH OF STA	Y IN 15	c. CITY OR	TOWN (IF or	utside corpo	erote limits, write R	URAL and give	nearest fow	n)
	Olney			l week			rnani	town				
d NAME OR IN!	STITUTION	AL (If not in hospital, g		oddress) en. Hospi	tal	/d STREET	F.D.					FARM?
3. NAME OF DECEASE (Type or )	)	Fire		Midd	_	lo dotto	st	4. DATE OF DEATH	Mon Aug.		-	Yeor 19 58
5. SEX	71.1111	6. COLOR OR RACE		ALIG D NEWER WAR		dette	*LI	DEATH		_		
Lale		White	WIDOW			July 2	" >5 190	28	9. AGE [In years lost birthday]	Months Do	ys Hours	Min.
	OCCUPATIO	N (Give kind of work (ing life, even if retired)				N 52 str 2 hr	LACE (Stote of	or foreign c		12. CITIZEI	V OF WHAT	COUNTRY
	tires			Own far	am.	Box	rds, I	Ma.		Ī	JSA	
13. FATHER'S		· Laimer		- 4111 2 COL	117	14. MOTHER			***			
R	icha	rd Burdet	te			Lau	ira Le	ewis				
15 WAS DEC	EASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0 17. IN	FORMANT			Add	ress		
(Yes, no or with		f yes, give way or doles of the	5	15-36-46	61 Mr	s Dert	tha C	ווע.	dette,	Ger 13.	ntown	, I-d -
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, ,'	'ART I. DEA	H WAS CAUSED BY 7		ON-INFE		JE 1 20:	TERM	TWAL	UREIY.	10_	11 ~	سممع
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couse (	rise to in o), stating t ouse last.		ته	There was	en C	the 4	and C	Trese	and E			
CATION	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO		NAL DISEAS	E CONDITION GIV	EN IN PART 1(	PERFC	AUTOPSY ORMED?
OR CON	ITRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRED	(Enter noture	of injury in P	ort i or Por	t II of item 18.)			
	E OF INJURY our o.m. p. m.	Month, Doy Yeo	While of wor		20e PLA foci	CE OF INJURY ory, street, office	(Home, form, te bidg., etc.	20f. (City	or town)	(Cour	nty)	(Stole)
21. I d		of I attended the	deceas	sed from The	t death	, 19 <u>177</u> accurred at	10 0 A	-M from	n the causes o	that I los		
ACTUAL		Thellan	an	a 0	^^	0	190	HEAC	TREBL9	slote)	9/	ATE SIGNES
PHYSICI NAME (	AN'S 14	· MCKEN	PRE	& Boye	K, M	7,00	the A:	2007	MER	YLON	7.	
220. BURIAL, REMOV	At (Specify)	Sent.2.	1958	22c. NAME OF CE		crematory byter	an		TION (City, town,	or county)	{Stot	le)
23. FURNERAL	DIRECTORY	Dignature Volese	int	h Address Dame	ascus	, Ma.		BY REGIST	100	STRAR'S SIGNA William S.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR

THIS certificate has been signed by the attending physician a page 3 should be detain for use as the burial-transit permit. Then please remove carbo apply the registrar prior to burial, crematian, at remayal, and in any event within 72 hours affected. VS A15 (4) 15M 9/55

mpletely filled in by the funeral directory. Appers. Pages 1 and 2 shauld be filled with



2073 224XV0



#### **CERTIFICATE OF DEATH** Reg. Dist. No. director, ited with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY o STATE **6 COUNTY** MARYLAND Mont Ga $\Lambda \Lambda d$ death; In o b. CITY OR TOWN (If outside corporate limits) write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO P hu d in b NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months WIDOWED IT DIVORCED [7] 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Itikn ARO. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John N. Mattane Agnes Dovle 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT No None please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which permit gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit icate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY removof. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) Hour o.m. While Not while of work of work 21. I certify that A attended the deceased from that I last saw the deceased and that death occurred at / -ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Mo. 1890 Battery La. Beth. Md. 3 should FUNERAL C PHYSICIAN'S 4890 Battery Lane, Bathesda, Maryland Charles J. Savarese. Jr. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOYAL (Specify) Burial Baltimore, Maryland New Cathedral 01 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Clothur S. France DATE SEP 2 VC A15 (4) Robert A. Pumphrey Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DATE SIGNED

(Stole)

	DEAT CEVILLE	AIL OI DLAIII	Reg. Dist	i. No.
	PLACE OF DEATH  O COUNTY  D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16  RURAL and give nearest laws)  A MAN OF MOSPITAL (If not in haspital, give street address)	marylan	corporate limits, write RURAL and gi	1 gomers
3.	NAME OF DECEASED (Type or print) Ethel Mag. 3	Lost 4 D		ON A FARM? YES NO NO YEOR 19 58
	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      WIDOWED   DIVORCED      USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDI- during most of working life, even if retired)	B. DATE OF BIRTH  1-91-1906  USTRY 11. BIRTHPLACE (Store or fore	last birthday) Manths (	YEAR IF UNDER 24 HRS Days Hours Min ZEN OF WHAT COUNTRY
15	FATHER'S NAME  Lean Soundard  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17  In or unknown [If year, give wer or dates of service] Name  Name  Name	INFORMANT BUTTLE	Barnesin	llo ms.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the understanding cause lost, (b)	Jhomboaia roschulie Carde	waienla Duine	INTERVAL BETWEEN ONSET AND DEATH Ominute
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE STATE OF CONTRIBUTION TO DEA			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL		PLACE OF INJURY (Home, form, 20f. actory, street, affice bldg., etc.)	(Coty or town) (Co	ounly) (State)
	alive an 29 lung 1, 1950, and that deat	h accurred at 7 70 P. M.	from the causes and an	th

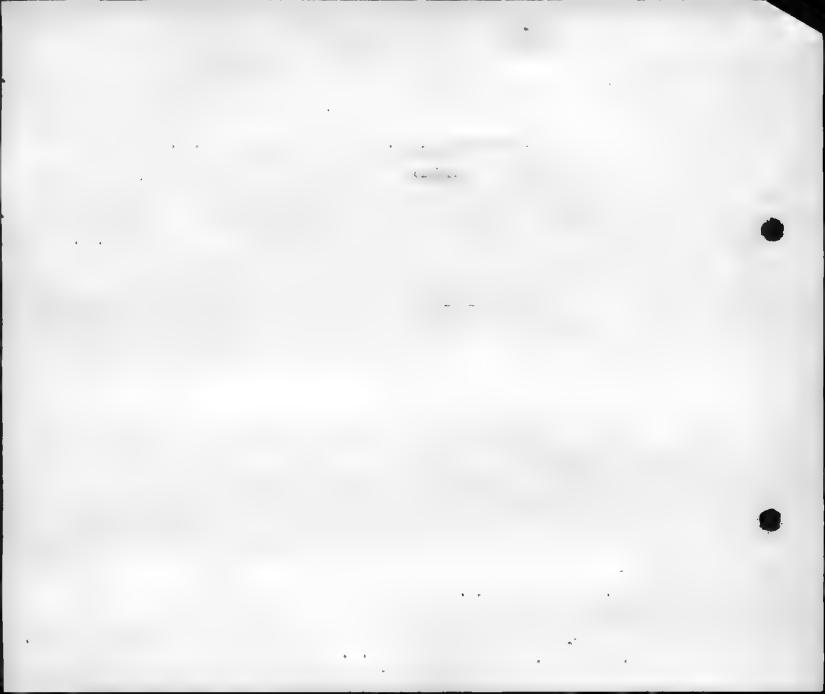


	927	22	CER	TIFICA	ATE OF D	EATH	1		Reg. Dist	. No.	
1. PLACE OF DEATH  . COUNTY  Montgomery	,		MA	RYLAND	2. USUAL RESID			I COLLUTE	n: Residence	e before adr	nasion)
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ls, write	c. LENGTH OF ST	AY IN 16	c. CITY OR TO	OWN (If o	utside corporol	e limils, write Rl	JRAL ond gi	ve nearest to	own)
Bethesda	iresi iowii)		123 day	3	Washing	ton		4 ;	1		
d. NAME OF HOSPITA OR INSTITUTION The Clinic				Md.	1707 Co.		a Road	N. W.		10	RESIDENCE A FARM?
B. NAME OF DECEASED (Type or print)	Antoinett	st	Iren	dle	Lost Càmarino		4. DATE OF DEATH	August	- 45	Day	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAI	RRIED T	8. DATE OF BIRTH		9.	AGE (In years last birthday)			NDER 24 HR
Female	White	WIDOW	ED DIVOR	CED 🔲	Septembe:	r 19,	1910	47 yrs.	Months [	Poys Hou	rs Min
Do. USUAL OCCUPATIO	N (Give kind of work on the life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11, BIRTHPLA	ACE (State	or foreign cour	dry)	12. CITI2	EN OF WH	AT COUNT
Sales Cler	k	L	eather Go	ods	Penn	sylva	nia		U.	S. A	•
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Emanuel Ca	marinos				Bess	ie Vr	ettas				
15 WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17 F	NFORMANT Th	e Med	lical Re	eord Addr	ess		
No	yes, give not or octor or o	5	78-24-274	3 T	he Clini	cal C	enter,	Bethes	la lli,	Mary.	land
PART I DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	5	ne for (a), (b), and	_	UYE LON	10					BETWEEN NO DEATH
203X	DUF TO			<u> </u>		94			-	7.0	
Conditions, if on gove rise to in couse (e), storing to lying couse fost.  Part II. OTH	mediate (	)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE (	ONDITION GIV	EN IN PART	I(o) I9. W/PEI	RFORMED?
PAST II. OTH	UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in F	Port I or Port II	of item 18.)			
20c. TIME OF INJURY Hour o.m.	Month, Day, Yes	While	NJURY OCCURRED Not while	for	ACE OF INJURY (Hittory, street, office	lome, form, bldg., etc.	, 20f (City o	tawn)	(Co	ounly)	(State
actual signature	at I attended the ust 30	195	ed fram Apr		occurred at.  The C	9:03 linic	al Contact Inst	the causes and city or lown, ter	nd an the	e date st	ne deceas ated aba DATE SIGN /31/58
					Bethe			yland			
220. BURIAL CREMATION	9/2/19	-10	Fort Li	emetery o			Prine	e Geor		Count	itole)
23. FUNERAL DIRECTOR'S		290	1 ADDRESS	S+			D BY REGISTRA		TRAR'S SIG	NATURE	3 220
The S.H.H	ines Co.		hington	D C	410 110	DATE S	EP 3 '58	0	Thur &	45	

of director. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page / pletely filled in by the furnal ers. Pages I and 2 should be TO FUNERAL DIRECTOR: A the hospital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician an page 3 shauld be detach by use as the buriol-transit permit. Then please remove corbanthe registror prior to buriof, cremation, or remayol, and in any event within 72 hours ofter death. VS A1S (4) 15M 10/S7

H



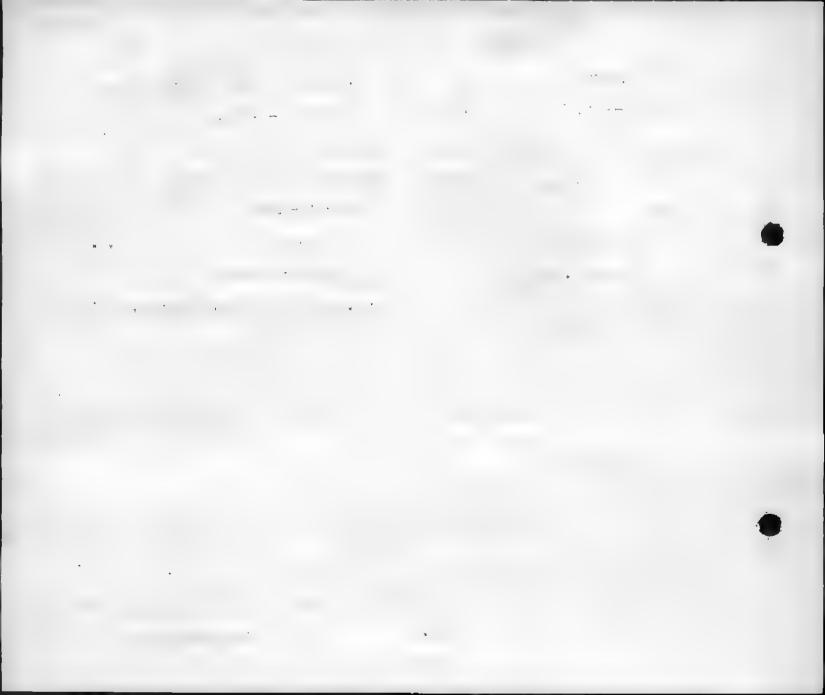
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



00000

	•	9224	CERT	IFICA	ATE OF D	EATH	1		Reg. D	ist. No	034	HU
1. PLACE OF DEATH o. COUNTY Montge	omery		MAI	RYLAND	O STATE			d lived. If instituti b. COUNTY				
	(If autside corporate li nearest town)	mits, write	c. LENGTH OF STA	Y IN 16	c. CITY OR 1	OWN (IF o	utside carpo	prote limits, write	Wat dire	gr ne	arest town	1)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital N	, give street o	oddress)		d. STREET A	DDRESS		Tel				FARM?
3. NAME OF DECEASED (Type or print)	Lacy	First	Midd <b>Layina</b>		los iarlisle		4. DATE OF DEATH	Angust	nih	De 2		Yeor 19 <b>58</b>
5. SEX	6 COLOR OR RAC	E 7. MARRI WIDOWE	DIVOR	-	B. DATE OF BIRTH	28 <b>~</b> 3.8	80	9. AGE (In years fast birthday) 78 yrs.	IF UNDE Months	R I YEAR Days		ER 24 HR5 Min
10a. USUAPIOCCUPAT during most of we	TION (Give kind of worderking life, even if retir	ed)	KIND OF BUSINESS	OR INDUS	STRY 11 BIRTHPL	ACE (State	or foreign o		12 C			COUNTRY
13. FATHER'S NAME	housekeep	91			14. MOTHER'S	MAIDEN N				U.S		
	hard C. Car				Fra	ncis	Apple	by				
(Yes, no or unknown)	VER IN U. S. ARMED FO	ORCES? 16. S	SOCIAL SECURITY N		NFORMANT				ress			
EO.					r J. Manr	ice C	arlis	le, Dicker	CEOD			
	EATH (Enter only one EATH WAS CAUSED BY		e far (a), (b), ond (d		, ,		1			INT ON:	ERVAL BE	DEATH
PARIT DI	IMMEDIATE CAUSE	10) 0	You ary	L $C$	cclusio	on, P	cut	9			-	nute
,	DUE	то		a 5	,			3.1 4			,	
Conditions, if gove rise to		16) Cur	onaxy /	4416	Yosele	YOSi	SW;	th And	ilna		5 y	eay5
cause (a), stoling	g the under- DUE	(c) Hyp	ertensi	ve-/	Arterios	clerat,	ic Cay	dr. vascula	ax P	s. /	3 y	ears
PART II O	THER SIGNIFICANT CO	REAL	etion to	Beath But	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(0) 1		AUTOPSY PMED?
OR CONTRIBUTING	VAS UNDERLYING   IG   CAUSE OF DEAT Y MEDICAL EXAMINER	HI	RIBE HOW INJURY	OCCURRE	D (Enter nature of	injy y in P	ort I or Par	rt II of item 18.)				
ZOC. TIME OF INJU	16	While	Not while	20e PL/ foo	ACE OF INJURY () tory, street, affice	iome, form, bldg., etc.	20f. (City	y or town)		(County)		(Stote)
21. I certify	that I attended th	e decease	ed from 3 A	lay	, 1957	, ta_2	- Au	2- 1958	.that I	last so	aw the	decease
alive on 2	- August	, 12_5	8_, and the	nt death	accurred at	6:301	M, fran	m the causes o	and on	the da	te state	ed abay
	WY.	1. 0	11		0			lreet, city or lawn,				ATE SIGNE
ACTUAL SIGNATURE	John !	MO	mills	/	м.р. 13а	rnest	<u> </u>	e, Ma	<u> </u>	3	Au	g -58
PHYSICIAN'S NAME (Type)	Gordon	M. 5,	nith.	M.D.								
REMOVAL (Specif			22c NAME OF CE		R CREMATORY		22d LOCA	TION (City, town,	or county)		(Stote	e}
23_EUNERAL DIRECTO	R'S SIGNATURE	1958	Monocac	7		24n PEC'S	BY REGIS	alleyille	talid :	GNATÜ	DE.	
Constan	C. H.	llow	- Barn	erin	elle Mi	DATE ATT		58 Cw.	Lea	uh		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9225 CERTIFICATE OF DEATH

Reg. Dist. NU9201

1, PLACE OF	PDEATH		2. USUAL RESIDENCE (Wh			s before adn	nission)				
0. 20014	Montgomery	MARYLAND	Maryla		b. COUNTY Mont	gomerv	,				
b. CITY C	R TOWN (If outside corporate limits, write ond give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate lin	mits, write RURAL and gi	ve nearest to	own)				
KUKAL	Bethesda	9 days	Rockville	2							
d. NAME	OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?								
OK III	Suburban Hos	pital	100 W. Montgomery Avenue								
3. NAME O	First	Middle	Last	4. DATE	Month	Doy	Yeor				
Type of I		J	Casev	OF DEATH	August	16	19 58				
5. SEX	6 COLOR OR RACE 7. MARR	IED W NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDER )	YEAR IF UN	IDER 24 HRS				
Male	White WIDOW	D DIVORCED	October 12. 1		78 yrs. Months C	Days Hou	rs Min.				
10o. USUAL	OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU				EN OF WH	AT COUNTRY?				
(07)	maker otis	Elevator-	- Coune	exicul	U.	.S.A.					
13 EATHER'S			14 MOTHER'S MAIDEN N	IAME	010						
1 Jan	5m A. (200	1	Mary 9	plen (	O Coura	NZ_	_				
15 WAS DE	CEASED EVER IN U. S. ARMED FORCES? 16	OCIAL SECURITY NO. 17	NFORMANT /	4.4	Address	- /	7				
T /V	pown) Of yes, give wor or dates of service)	YES HO	spital Record	Mrs	Mary	- ("	2001				
18. CAI	USE OF DEATH [Enter only one couse per lis	ne for (o), (b), and (c),	1		11.	INTERVAL					
	PART I. DEATH WAS CAUSED BY: acute adrenal Insufficiency - Shock ONS AND DEATH										
	150X DUE TO D - 17										
1	tions if you which ?	sloperalu	re Status		•	56	hour				
gove	rise to immediate	V .		E	1						
	o), stoting the <u>under-</u> DUE TO (c)	rcinoma	- of the	6007	Lages	6 %	( ) cy				
Z Z	PART 11. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT REATED TO THE TERM!	NAL DISEASE CON	IDITION SIVEN IN PART	1(a) 19, WA	AS AUTOPSY 4				
lğ			·				FORMED?				
20g. AC	CIDENT WAS UNDERLYING 1 206 DESI	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part 1 or Part 11 of	item 18 )						
	ER. NOTIFY MEDICAL EXAMINER)										
₹ 20c. TIM			ACE OF INJURY (Home, form		wn) (Cc	ounty)	(Stote)				
20c. TIM	White of wor	1404 willing	ctory, street, affice bldg., etc.	.)							
	ertify that I attended the deceas	ed from 8 - 8	. 1958, to	8-16	1958 that I la	act saw th	a decented				
alive	51 51 6		occurred at 5 40	Application and an all the account on the second							
		2 / 0.00		ADDRESS (Street, c		e dule sit	DATE SIGNED				
ACTUAL	Wenthing to	Eaborde W	" 1/50 C	onn.	Clare N.W.	. 5	3-16-58				
		11		************		**					
PHYSICI NAME (	AN'S /J. Winthrop	Pea body	Wash.	D.C.							
	CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY C	R CREMATORY	22d. LOCATION,	City, town, or county)	. (5	tote)				
SHIP	ALKSONIVI 8-17-58	STJOHN	IS CEMETE!	RY NO	RWALIF	1.0	CNN				
23. FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS 4	24a. REC'	D BY REGISTRAR	24b REGISTRAR'S SIGN						
W.H	J. CHAMBERS CO	1400 Chap	m51112026UG	1 9 '58	arilun S. H	raus.					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

death.

executed

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FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09203

					Reg. Dist. No.
T.	I. PLACE OF DEATH	. v. manifestania . v. v	2. USUAL RESIDENCE (W	here deceased lived. If institut	ion-Residence before adm ssian)
	%. COUNTY Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY	Montgomery
10.00	b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		outside corporate limits, write	
	and give negret town)	21 4075		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	之意 days	STREET ADDRESS	de anti-company	Te IS RE DENCE
1 5					ON A FARM?
	Montgomery County General I		<u> </u>	7 A	YES NO X
	DECEASED	Middle	1	4. DATE Month	Doy Year
	(Type or print) Joseph	Charles	Chase	DEATH Augu	A A Y
	5. SEX 6 COLOR OR PACE 7. MARRIED		DATE OF BIRTH	9. AGE (to years lost birthday)	Months Days Hours Min
	Male Negro WIDOWED		1/5/30	28 yrı	
1	10a. USUAL OCCUPATION (Give kind of work done 10b. Klt during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (Store of	or foreign country)	32. CITIZEN OF WHAT COUNTRY?
' )	Truck Driver		Maryland		USA
- /	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	William Chase		Katherine	Lincoln	
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 136. SI	OCIAL SECURITY NO. 17. IN	FORMANT	Address	
	Yes or unknown) (If yn give wor or deles of service) 57	7 36 5124	Hospital Reco	ord	
	18. CAUSE OF DEATH   Enter only one couse per line fo			7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	danakama Dadlas	m 0		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Rest	orratory railin	<u> </u>	+	12 hrs.
•			(m : 17)		01 3
	E gove rise to immediate cause (	cture of Skull	(RSZIT)		2克 days
	(a), stating the underlying DUE TO				
		shed Chest	OT BELLIEN TO THE TERM A	ALL DISCLASS CONDITIONS COM	
7	Fracture of Left Arm. A	AIKBOUNG TO DEATH BUT N	DI RELATED TO THE TERMIN		PERFORMED?
		Numerous Contu	sions and Lac	cerations of he	ead and YES NO T
	206 DESCRIBE PRIMARY DO CONTRIBUTING D	HOW INJURY OCCURRED (En	ter noture of injury in Part	l ar Part II of Item 18.)	ace.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of car involv	ed in head-or	collision.	
1	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While	Not while factor	E OF INJURY (Home, Farm, ry, street, office bldg , etc.)	20f. (City or town)	(County) (State)
3)	7:00 - 8/2 19 58 01 worl	O of work W Mary	land Rt. #108	nr. Etchison	Montg. Md.
	21. I certify that I took charge of the re				Inquiry X, and in ny
	opinion death resulted from: Natural co	ouses . Accident [	, Suicide , H	amicide , Undeter	mined manner
	1 0		-		_
	SIGNATURE Trant O. Sign	whait	M.D. CHIEF MEDICAL EXA	MINER -	DATE SIGNED
d.	A		ASSISTANT MEDICA	L EXAMINER	
4 2	EXAMINER'S NAME (Type) Trank T Broschen	+ M D	DEPUTY MEDICAL E	XAMINER 🕞	0/1/50
	-II dith v - DI USCHAI-	12c NAME OF CEMETERY OR		22d EOCATION (City, town, or	county) (State)
		rlington	Nat.		77.0
	23. EUNERAL DIRECTOR S SIGNATURE /	ADDRESS		Ariington	TRANS SIGNATURE
		aytonsville,	Ma		1 -1
		,	MICL. DATEANG	6-158 11104	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded he Chief Medical Examiner's Office along with form PM3. Per 5 may be retained for your files.

TO FUNERAL DIRECTOR 15 3 should be used as a burial-transit permit. File pages 1 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death VS. ATSME 5M 2/57



VS A15 (4) 15M 10/57 镇

Mary .

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9228 CERTIFICATE OF DEATH

Reg. Dist. No.

-()	19	2	0	4
•	-		~	-

1.	PLACE OF DEATH a. COUNTY Montgomes	ry		MAR	YLAND	2. USUAL RES	ginia	ere deceased	lived. If institution b. FOUNTY	on. Residen	ice befor	e admissio	an)
	b. CITY OR TOWN (if RURAL and give need	outside corporate limi	ls, write	c LENGTH OF STAY	' IN 16	c CITY OR	TOWN (If o	utside corpor	ale limits, write R	URAL and	give near	rest lown)	
	Bethesda			36 days	3	Fal	ls Chu	ırch			24.00		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					ON A	
	The Clini	cal Center	r, Be	thesda 14,	Md.	111	7 Rolf	s Road	1			YES 🔲	
3.	NAME OF DECEASED	Fir	şl	Middle		L	psl	4. DATE	Mar	ith	Day		ar
	(Type or print)		rtha	Susa		Chri	stophe	DEATH	Aug	ust	30	9 19	58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost buildoy) Months													
Female   White   WIDOWED   DIVORCED   May 6, 1914   44 70									Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF Viduring most of working life, even if retired)									F WHAT C	OUNTRY?			
L	Secretar	_		<u>lnascertair</u>	able		Virgin	ia			U. S	. A.	
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				_	
L	Alonzo E						Kate F						
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. H	NFORMANT T	he Med	lical E	Record Add	ress			
_	No		2	27-05-8hh2	T	he Clin	ical C	enter	Bethes	da 14	, Ma	ryla	nd.
	1	*		ne for (a), (b), and (c)							INTE	RVAL BET	WEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o	Car	cinoma of	Brea	st with	Carci	inomato	osis		3	years years	
	MOX	DUE TO											
	Conditions, if an		Hen	opericardi	ium a	nd hydr	othors	XX.				wee	ks
	gave rise to im cause (a), stating the												
_	lying cause last.	) (c		pplastic_ir								wee	
ě				CONTRIBUTING TO DE					CONDITION GIV	EN IN PAR	T 1(o) 19	PERFOR	UTOPSY MED?
NA N	Carcino	ma involvi		oth Adrenal								YES 🔀	NO 🗌
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURREE	). (Enter nature	of injury in P	art I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED	20e PLA	CE OF INJURY	(Hame, farm,	20f. (City	or town)	((	County)		(State)
ME C	Hour a.m. p. m.	19	While of work	Not while	rac	tory, street, offic	ce blog., etc.	)					
	21. I certify the	at Lattended the	decens	ed from July	7 25	. 1958	10 A	nonst	30, 1958	dh ed 1	lmat and	the e	·
	alive an Au	gust 30	19 5	8 and that	dooth			AM from	the causes of	i iDNi <sub>in</sub> .	1021 20	w ine o	leceasea
		. )1	7	17701	acam	occorred to			eet, city ar tawn,		ne agn		s abave. E SIGNED
	ACTUAL SIGNATURE	ic herrel	/ //	- Ma	1	M.D	e Clir			. Mhi	<b>4-</b> [1	8/30	/58
	PHYSICIAN'S	rauann ii a	86377	N. D.	_		tional		tutes o		Ttn		
-		ICHARD H. I		M.D.			thesda		Maryland				
13	BURIAL, CREMATION REMOVAL (Specify)	Scell 3-19	58	arlend	ETERY OF	m-A.	nal	22d LOCATI	Ciry City, town,	of county)	8	(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	-79	ADDRESS - 9	An I	Blad.		BY REGISTR		STRAR'S SIG			
1	with the	1204	2	2. Lineton	٠, ١	và.	DATE SE	EP 2 '5	8 6	Abun S	Tra	ut	
-	0	V		0									



V5 A15 (4) 15M 10/57

- MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9229
CEPTIFICATE OF DEATH

CERTIFICATE OF DEATH

					· · · · · · · · · · · · · · · · · · ·			Reg. Dist.	No.	
PLACE OF DEATH o. COUNTY  Montage	1027		PARTO	1 0.	SUAL RESIDENCE (V STATE	Vhere decease	d lived. If institution b. COUNTY		cefore admis	
b. CITY OR TOWN RURAL and give r	(If autside corporate limits, learest town)	, write	c. LENGTH OF STAY IN	1Ь с.	CITY OR TOWN (H		rate limits, write RU			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not an hospitol, giv	re street or	85 yrs	/	Barneevi STREET ADDRESS	116				DENCE FARM?
3. NAME OF DECEASED (Type or print)	First Edmonia		Middle	(I) a	lost <b>gett</b>	4. DATE OF DEATH	Mont			Yeor 19 <b>58</b>
S. SEX		-	DIT NEVER MARRIED (		E OF BIRTH			IF UNDER 1 YE		
Female	ANTATOR	WIDOWED	DIVORCED	J Au	gust 15-1		100 yrs.	Months Do		Min
IDa. USUAL OCCUPAT during most of wor	ON (Give kind of work do rking life, even if retired)	ne 10b. K	IND OF BUSINESS OR IN	NDUSTRY 1	BIRTHPLACE (Sto	te or foreign c	ountry}	12 CITIZE	OF WHAT	COUNTR
	ekeeper				Marylan	ıd.		U.	8	
3. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
Judann	lan han sub.				Bettie	Wats	on.			
5. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16 S	OCIAL SECURITY NO. 1	17. INFORM	ANT		Addre	258		
The The Late of th	(it yes, give wor or oores or serv		ione	Mina	Bessie (1	seett.	Barnesvil	1a. 164		
18 CAUSE OF DE	ATH [Enter only one cour			-MA-U 12_	7-4-20-U-U-	and an arrest	SALL MARKET		NTERVAL BE	TWEEN
	ATH WAS CAUSED BY:		Byons	1	Pman	10. 62.	` A		INSET AND	
11500	IMMEDIATE CAUSE (0)_		1010N~	17767	11160	IMON	1/	-	4 9	275
Conditions, if			Malny	tri	tion	-	L.		6 m	ntl
gove rise to immediate couse (a), stoling the under- tying couse lost  (c) Extrema Axteriosclerosis Generalization // Xear										
PART II. OT	HER SIGNIFICANT CONDI	ITIONS <u>CC</u>	ENTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	N IN PART 1(	PERFC	AUTOPSY DRMED?
20g ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCI	RIBE HOW INJURY OCCU	JRRED (Enti	er nature of injury in	n Port I or Por	t II of item 18.)			
ZOc. TIME OF INJUS Hour a. m. p. m.	RY Month, Day, Year 19	20d. INJ While of work	Not while	e PLACE OI foctory, s	INJURY (Home, for treet, office bldg., e	rm, 20f (City	or town)	(Cour	nty)	(Stote)
1 1	nat I attended the c	deceased 19 <u>.5</u>	_		1956, to	4	n the causes ar		date stot	ed abov
ACTUAL SIGNATURE	Lordin	m	Smith	M.D. ,.	BAY	ADDRESS (S	treet, city or town, s	late)	22	ALL SIGNE
PHYSICIAN'S NAME (Type)	Fordon M. Smi	th, M.	.D.							
220. BURIAL, CREMATIC REMOVAL (Specify HUTT B	Aug. 25-1	958	22c NAME OF CEMETER	RY OR CREA	MATORY	1 _	TION (City, fown, or		(Stol	e)
23 EUNERAL DIRECTOR			ADDRESS		242 854	C'D BY REGIST		RAR'S SIGNA	TURE	
7 +	C 1/ 1	1	B	. 10	1/2 d					
ordance	John	E7)	1dained	wille	DATAL	G 2 6 '58	arth	WI & He	24 W	



VS A15 (4) 15M 10/57

Literature.

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NARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1	18
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L		92	30	CERTI	IFIC/	ATE	OF DEA	HTA			Reg. D	ist. No.	. 21	5
	PLACE OF DEATH		3-3				IAL RESIDENC				on · Reside	nce befo	re odmit	ision)
		ntgomery		MARY	YLAND	0. 3	Dist	rict	of Co	Eroguri				
Г	b CITY OR TOWN (If	autside corporate fim	its, write	c. LENGTH OF STAY	IN 1b	с. (	ITY OR TOWN	N (If outside	corporate l	imits, write R	URAL ond	give ner	prest low	m] ./
B	ethesda (R			21 Days			Wash	ingto	n					A
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS							e IS RE	SIDENCE A FARM?
U	.S. Naval	Hospital,	Bethe	esda, Md.			717	Atlan	tic S	treet,	S.E			] NO 🔀
3.	NAME OF DECEASED (Type or print)	_	ncis	Middle Xavier		CLARK DATE Month Doy CLARK DEATH AUgust 16							-	Yeor 19 58
5	SEX	6. COLOR OR RACE	1	NEVER MARRI		9 DATE	CLARK OF BIRTH	.   .	-	GE (In years				19 20 DER 24 HRS.
	Male	White	WIDOW	_			July 19	58	la	st birthdoy)	Months		Hours	-
				KIND OF BUSINESS O					reinn country	yrs.	12. 0	ITIZEN C	E WHA	T COUNTR
	during most of work	ing life, even if retired	1		OK 11400	71.		land	cigii caaiiii j	,			.S.	
1	FATHER S NAME					14. N	OTHER'S MAIL							
	Paul Josep	h CLARK				A	Lice HO	CDON						
15	WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY NO	).   17   F	NFORM/		03021		Add	ress			
(4,	No or unknown) (	If yes, give war or dates of :	service)	None	(1	athe	er) Pau	1 J.	CLARK	(Same	As i	#2)		
F		TH (Enter only one of	ouse per li	ne for (o), (b), and (c)								LINT	ERVAL B	ETWEEN
		TH WAS CAUSED BY:	0		TEN	20.1							SET AND	D DEATH
		IMMEDIATE CAUSE (d		amary.		مارس ال	ميد					1 3	and	87
	Conditions, if an	ou which )	P	T	T							1.1	)*	
	gove rise to in	nmediole (	,	Com artic	مساميدا	1			· · · ·					
	couse (o), stating t lying cause lost,	he under-				~								
Z	PART II OTH			ONTRIBUTING TO DE	ATH BUT	NOT RE	ATED TO THE	TERMINAL C	DISEASE CO	NDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION													_	ORMED?
ĬĔ	20g. ACCIDENT WAS	S UNDERLYING []	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter	nature of inju	ry in Part I	or Port II of	item 18.)				,
ä	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)												
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d. II	NJURY OCCURRED	20e. Pi.	ACE OF	NJURY (Home	, form, 20	f (City or to	wn)		(County)		(State)
MEDICAL	Hour a.m. p.m.	19	While of wor	Not while	lot	clory, sin	ret, affice bldg	3., efc.)						
-		-1 1 -11		ed from 27 Ju	ilv		10 58 10	16 Au	gust	10.58	41-4	11-		decease
	alive an 16	August	10	and that		/	17.ELL. 10.		the six this do not the six our	, 19	,ingi i	IOST SO	aw the	decease
	dive dil		, 17	z, and mai	deam	accor	red di			e causes a city or town,		ine da		ied abav ATE SIGNE
	ACTUAL	and &	-	ada		11	.S. Nav					a. M		
	SIGNATURE		1-000	100		M D. 😃	·D· Hav	AT INC	202100		142000	22.22		
	PHYSICIAN'S Day	vid Harris	, LT,	MC, USN		Ũ	S. Nav	ral Ho	spita	l, Bet	hesd	a, M	đ.	
220	BURIAL, CREMATION			22c. NAME OF CEM	ETERY O	R CREMA	TORY	22d.	LOCATION	(City, tawn, c	or county)		(Sto	te)
	REMOVAL (Specify)	8-19-58		Arlington	Nat	11 0	emeter	у	Arling	gton, V	/irgi	nia		
23.	FUNEBAL DIRECTOR'S	SIGNATURE ROL	das	ADDRESS				REC'D BY		24b REGIS			RE	
W.	.W.Chamber	7, 1460 ch	apin	St., N.W. Wa	shir	gtor	D. CDAT	E AUG	2 0 '58	0	Tething	2. H.	and	



5. SEX

do a la l
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plan execute the certificate, writing the word "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the funeral director. Petshould be forward———————————————————————————————————
d for Boar
lay is unergained ained late bath.
de Sie
for to the tith the title the ti
o DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in penalt in Item, 18. Give Pages 1, 2, and 3 to the function 4 should be forward. The Chief Medical Examiner's Office along with form PM3.  O FUNERAL DIRECTOR  O FUNERAL DIRECTOR  or its designated agent, prior to burial, cremation, or remaval, and in any eventuality 72 haurs after death.
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0 9 4 0
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director is a should be forward. The Chief Medical Examiner's Office along with form PM3.  10 FUNERAL DIRECTOR 3e 3 should be used as a burial-transit permit. File pages 1 2 with the State Board of ar its designated agent, prior to burial, cremation, or remayal, and in any eventheithin 72 haurs after death.
5M 2,'57

MARYLAND STATE DE  9231 MEDICAL EXAN  Item 6		CERTIFICA		TIMORE, DEATH	18 Reg. Dist N	09207
n. PLACE OF DEATH d. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where decess land	ed lived. If institu 5 COUNTY		· ·
b. CITY OR TOWN Iff outside corporate Limits, write SURAL ond give secretal lown)  2	hrs.	Takoma			RURAL and give	neorest town)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street Montgomery County General	oddress)	d STREET ADDRESS 7700 E	Blair	Rd .		e IS RESIDENCE ON A FARM? YES NO
DECEACED	emons	Lost	4. DATE OF DEATH	Aug. 2	3, 195	
molo Warner	AARRIED 8.	8/15/193	30	9. AGE (In years last Legal) yes	HONDER TYEAR Months Doys	Hours Min
100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINE during most of working life, even if retired)  Janitor	SS OR INDUSTR	Maryla Maryla		ountry)		SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Haywood Clemons		Mary	Chase			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY (If yes, give war or dates of service)	IY NO. 17 IN	Hospital	Recor	Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c) ]		-			ERVAL BETWEEN
PART I DEATH WAS CAUSED BY: Hemorrh:	age, C	erebral			UN.	AL COLOR
Canditions, if any, which gave rise to immediate cause	e of Sl	kull		-		3 hrs
(a), stating the underlying ( DUE TO	B 50 4					

15. WAS DECEASED IYes, no, or unknown) 18. CAUSE OF PART I Candilians. gave rise to in (a), stating ti Auto accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS
PRIMARY-S or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 18.) Driver of auto that failed to make curve 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Doy, Year (County) (Stote) White Nat white at work of wark Ma. R-115 nr Rockville Montg. Md . 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection [4], Inquiry [4] opinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Frank J. Broschart 8/23/58 DEPUTY MEDICAL EXAMINER NAME (Type) 1224. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)
Mt. Zion, Md. 220. BURIAL, CREMATION, 226. DATE THEREOF (Stole) 8/26/58 Oak Grove. ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL/DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR Rockville, Md. arthur & traus

DATE AUG 2 8 '58



TO HOS TAL DE ATTENDED FEYSICIAN: The for equires that the death certificate be executed within 24 hours after death. Page I

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

()9208

		4 8 1		- CEICIII						Reg. Dis	t. No.			
	1, PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)									
	o. COUNTY MONTGOMERY			MARYLAND			a. STATE PENNSYLVANIA b. COUNTY							
				c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give					lve neare	st fown)		
		TAKOMA PARK						STRATTONVILLE						
	d. NAME OF HOSPIT OR INSTITUTION		d. STREET ADDRESS				0.	IS RESI	DENCE					
	901 MAI		MAII	STRE	T		Y	res 🗍	МО					
	3. NAME OF DECEASED	Fi	rst	Middle			lest	4. DATE	Mon	itts	Doy	Y	109	
	(Type or print)	GEORGE HAR	RISO	N CRISPIN				DEATH	AUGUST	26		1	958	
	5. SEX	6. COLOR OR RACE	7. MARI	IED NEVER MARRIE		B. DA	TE OF BIRTH		9. AGE (In years fost birthday)			-		
	MALE	WHITE	WIDOW	ED 🚺 DIVORCED		DE	C. 15, 18	58	89 yrs.	Months	Days I	Hours	Min,	
	10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	SUGNI	STRY	11. BIRTHPLACE (Stot	e or foreign	country)	12. CIT	ZEN OF	TAHW	COUNTRY?	
	LUMBERMAN			YED LUMBE	R		CLARION (	COUNTY	, PA.	U.	S. A	١.		
	13. FATHER'S NAME			•		14.	MOTHER'S MAIDEN	NAME						
	WILLIAM	CRISPIN					UNKNOWN	(	GORDON					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 14.	SOCIAL SECURITY NO.	17. H	NFOR	MANT		Add	ress				
	NO	to her fire our or order or		NONE	GE	ZOR	GE H. REEI	, MAI	N ST., ST	RATTO	ATTONVILLE, PA.			
	IB. CAUSE OF DEA	ATH (Enter only one co	ouse per li	ne for (at b) and (c)					-			AL BET		
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I MILMITMATY COLLEGE ONSET AND DEATH												
	DUE TO													
	Canditions, if a	ny, which )	, 6	inler	00	u	wood	0/4	CANT	wis	Lase	17	MI	
	gave rise to i	mmediate (											0	
	lying cause last.   Col.   Col													
	PART H. OTI	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE TERA	MINAL DISEA	SE CONDITION GIV	EN IN PART				
		MEDICAL EXAMINER)												
	20c, TIME OF INJUR	Y Month, Doy, Ye					of INJURY (Home, for		y or lown)	(C	ounty)		(Stote)	
	Hour a.m.	19	While at war	k ot work	rai	. roi y,	sireel, willte blagt, e	16.7						
	21. I certify th	at I attended the	deceas	ed from ach	221	6.2	1955, to 6	uy.	26.195	that 1.1	ast saw	the o	deceased	
	alive on	116 26a	, 12.5	2.8 and that	death	acc	urred at 14	D. /.	m the causes of					
		21/2	6.1	10	. /				itreet, city or town,		0		TE SIGNED	
,	ACTUAL SIGNATURE	94-17	en	ceavis		M D.	4500	U st	learn	lll	Re	1		
	PHYSICIAN'S	<i>k</i>						,	11.			27	, /	
	NAME (Type)	AL B. ORLE					-338	ver	Afri	m	7 -	12		
	220 BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERES	OF .	22c. NAME OF CEME	TERY O	R CRE	MATORY	22d LOC/	TION (City, town.	or county		(State	)	
	ENTOMBMENT	AUG 30	195		VILI	12	CEMETERY		ATTONVILL		A			
	23 FUNERAL DIRECTOR	23/TUNERAL DIRECTOR STONATURE						C'D BY REGIS AUG 2-8	100	STRAR'S SIC				
	Co-co-co-co-co-co-co-co-co-co-co-co-co-co	(1) - 4 - (1)	1-0	STIVER S	PRIN	Y (	MD - LOUTE	NUU L O		bithur S	Thau	4		

VS A15 (4) 15M 9/55



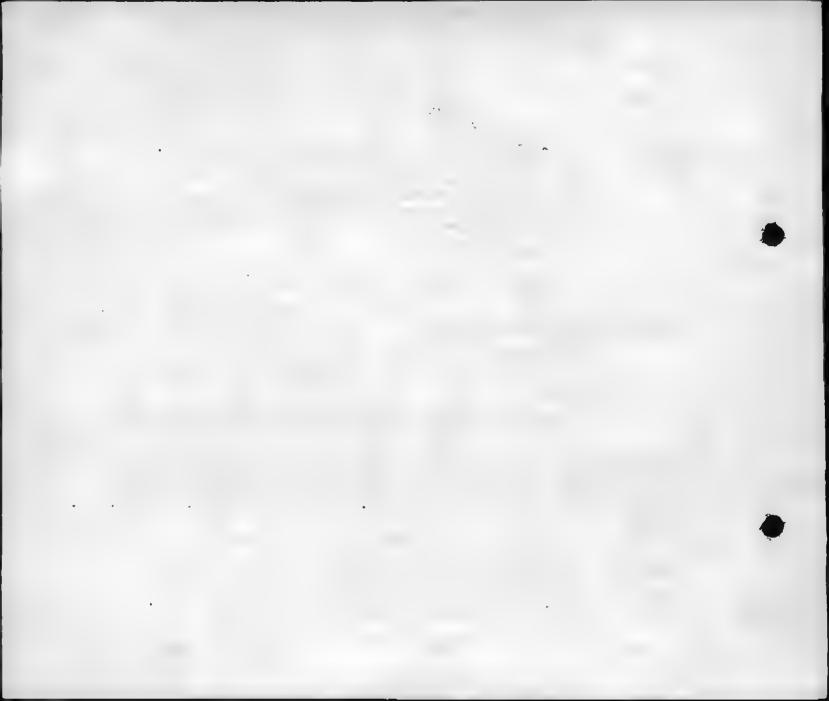
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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09209 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	e. STATE Maryland b. COUNTY P. g.					
	b. CITY OR TOWN III outs do corporate limits, write EURAL  NEAF ETChison  C. LENGTH OF STAY IN 1b  DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Laurel					
7	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Md-R-108	Box 435 Haynes Rd.  "IS RESIDENCE ON A FARM?" YES NO NE					
	3. NAME OF DECEASED (Type or print) Dallas Levi Cross	Losi 4 DATE OF Aug. Month 2, 1958 19					
	5. SEX  male  6. COLOR OR RACE  White  WIDOWED  DIVORCED	6/30/28  9. AGE (In years   IF UNDER 14 EAR   IF UNDER 24 HAS   Months   Days   Hours   Min.					
)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired)	IRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?  MG  MG  MG  MG  MG  MG  MG  MG  MG  M					
	13. FATHER'S NAME	Ella Batterial					
	15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN year on doles of service!	NORMANT Address Address Med Corose - Heighland med					
/	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  FART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse  (a), stating the underlying  DUE TO  DUE TO  DUE TO	Jacobs (Basil) Bridden					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES FOLLOW					
	CAUSE OF DEATH. Driverof car inve	inter noture of injury in Fort I or Fart II of item 18) olved in head on collision					
-	7:00 o.m. 8/2/58 19 Of work of work MC	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  ary, threet office, bldg., etc.)  Etchison Montg.					
	ve, held an Autapsy . Inspection . Inquiry . and in my . Suicide . Homicide . Undetermined manner .						
	SIGNATURE Frenk J. Brochart	M_D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER					
$\mathbb{A}_{2}$	EXAMINER'S Frank J. Broschart	DEPUTY MEDICAL EXAMINER & Aug. 2, 1998					
i	220. BURIAL CREMATION   226 DATE THEREOF   72c, NAME OF CEMETERY OR DEMONAL (Specific Ling of 1958)   120	CREMATORY 22d. LOGATION (City. town, or country) (Store)  Len Cen Control (Store)  240 REC D 81 REGISTRAR 24b. REGISTRAR'S SIGNAPURE (STORE)  DATE RUG 5 158					



VS A15 (4) 15M 10/57 H

		9181		CERT	IFICA	TE OF DEAT	Н	Re	g. Dist. N	io.	
Ī	O. COUNTY MO	NTGOME	RV	MAR	YLAND	2. USUAL RESIDENCE (V a STATE	Vhere deceased liv	ed If institution, I b. COUNTY	Residence be	efore admissio	on)
-	b CITY OR TOWN (IF RURAL and give ne	outside corporate limit	s/write c	LENGTH OF STATE		c. CITY OR TOWN (III	19 TON	DC	Stree		
-	708	PHILADET	PHIA	AVE	H0	2 4 5 44 64		A PRINCE		ON A	CARALA
3	NAME OF DECEASED (Type or print)	1ABE/ Fire	s)	H Middl	e	DARTE	4. DATE OF DEATH	ACG		Day Yo	9 5 S
	S SEX	6. COLOR OR RACE	7. MARRIED			APRIL 8,1	873		JNDER 1 YE.	AR IF UNDER	Min
1	HUUSE	N (Give kind of work of ing life, even if relired)  WIFE	lane 10b, KII	ND OF BUSINESS	OR INDUS	CALL	FUR NIX	77)	12. CITIZEN	SA-	COUNTRY?
1	JOHN	W. 1	+ EME	EN WAY		14. MOTHER'S MAIDEN	NC V	CAN	INIF	===	
1	S WAS DECEASED EVER	IN U. S. ARMED FORE		CIAL SECURITY NO	0. 17 11	AMY D.	CRIPA	Address PEN 14	15 GE	RANIU	M N
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  October  Description									0	NTERVAL BET	WEEN DEATH
	33/X DUE TO  Conditions, if any, which ) the Certific consciences								2.		
	gave rise to in cause (a), stating I lying couse last.	he under-								,	
1000	3	Cer	el-ce	ATRIBUTING TO DE	HATH BUT	NOT RELATED TO THE TERM	Almal Disease Co	ONDITION GIVEN	N PART 1(a)	PERFOR	UTOPSY MED? NO [4
	THE EITHER, NOTIFY !	LECAUSE OF DEATH L	206. DESCRI	BE HOW INJURY (	OCCURRED	. (Enter nature af injury in	Part I ar Port II	of item 18.)			
4010011	20c. TIME OF INJURY Hour o m. p. m.	Month, Day, Yea	r 20d. INJU While of work	IRY OCCURRED Nat while at wark	20e. PLA fac	CE OF INJURY (Hame, for tory, street, affice bldg., e	m, 20f [City or	lawn)	(Cauni	γ)	(Stole)
	21. I certify the	at I attended the	deceased	5	- dooth	19.5 Z, to	Cong			saw the o	
	ACTUAL SIGNATURE	Allan	n S	au	£,	1.0. 96	ADDRESS (Street	city or town, state	Cle 12		a abave.  Signed
	PHYSICIAN'S W1		Aud			Jel	ier d	12cm	True	ſ <u></u>	
2	20 BURIAL, CREMATION REMOVAL (Specify) Cremat.1 on	0 / /20		Rt Lin		Crematory		(City, town, of co		(Stote)	
П	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS W	ashi	ngtonc 240. REC	'D BY REGISTRAR	245 REGISTRA	R'S SIGNAT	URE	1d



Reg. Dist. No.

1	1. [	PLACE OF DEATH 2. COUNTY				2. USUAL RESI	DENCE (Wh	ere deceased liv		n: Residence	before adr	mission)
	`	2. COOM	Montgomer	MARYLAND	District of Columbia							
	£	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)				c. CITY OR	TOWN (If o	utside corporate	limits, write Rl	JRAL and giv	e nearest t	own) -
		Rotharda		96 days	lays Washington 4					34		
		d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)	d. STREET						RESIDENCE N A FARM?
			al Center			7729	16th	Street	N. W.			П ио
	3 1	IAME OF First Middle Lost 4. DATE Month									Day	Year
		(Type or print)	E	iith	Esther	Davi	is	DEATH	A	ugust	3	1958
	5. S	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	Н	9.	AGE (In years	IF UNDER 11		
		Female	White	WIDOWE	DIVORCED	Februa	ary 1.	1917	last birthday)	Months D	loys Hou	ars Min
-	700	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State	ar foreign count	7)	12 CITIZ	EN OF WI	IAT COUNTRY?
i		Teacher	ing me, even il remed		Public School		New Y			1	U. S.	A.
		FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
		Nathan Bit	terman			Moll	lie Tz	weig				
			IN J. S. ARMED FOR		SOCIAL SECURITY NO. 17.			ical Re	cord Addr	ess		
		No			ascertainable	The Cli	inical	Center	Bethe	sda 1	. Ma	ryland
		18 CAUSE OF DEAT	TH [Enter only one co		ne for (o), (b), and (c).]						INTERVAL	BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock										ONSEL Y	ND DEATH
		200.0	DUE TO			-						
		Conditions, if on	y, which ) (b		Gastrointest	inal ble	eding				36	hrs.
	gove rise to immediate											
	lying cause lost.  (c) Reticulum cell sarcoma										2	vr.
	Z O	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART I	(o) 19. W	AS AUTOPSY
-	Į.											RFORMED?
	CERTIFICATION	200 ACCIDENT WAS	UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUR	ED. (Enter noture o	of injury in F	Part Lar Part II	of item 18.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			LACE OF INJURY (	Home, farm	, 20f. (City or	tawn)	(Co	uniy]	(State)
	MED	Haur a.m. p. m.	19	While of work	Not while	octory, street, offic	e blog., etc.	)				
		21. I certify the	ot I attended the	decease	ed from Anvil	29. 1958	to A	nonet.	3 105B	that I la	st sow ti	he deceases
					8, and that deal							
		_0	0 0	_				ADDRESS (Street			oule si	DATE SIGNED
		ACTUAL SIGNATURE	men D	h. L.	to Hold Silveryan	Mp The	Clinic	al Cent	er		8-	-3-58
				-	1			nstitut		lealth		da a da
		PHYSICIAN'S NAME (Type)	Leonard Ga	rren,	, M. D.		sda 1		land			
	220.	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREATAGES. 22d LOCATION (City fown or county)									(:	State)
		REMOVAL (Specify) Burial.	Aug. 4, 1	.958	Elesavetgrad	d Cemeter	У		gton, D	• • • • • • • • • • • • • • • • • • • •		
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	a Mari	24a. REC'E	D BY REGISTRAR	24b REGIS	TRAR'S SIGN	ATURE	
		Bernard Da	mzansky &	Sons	- 3501 14th	ot., NW.	DATEUG	5 '58	de	-esue	1	

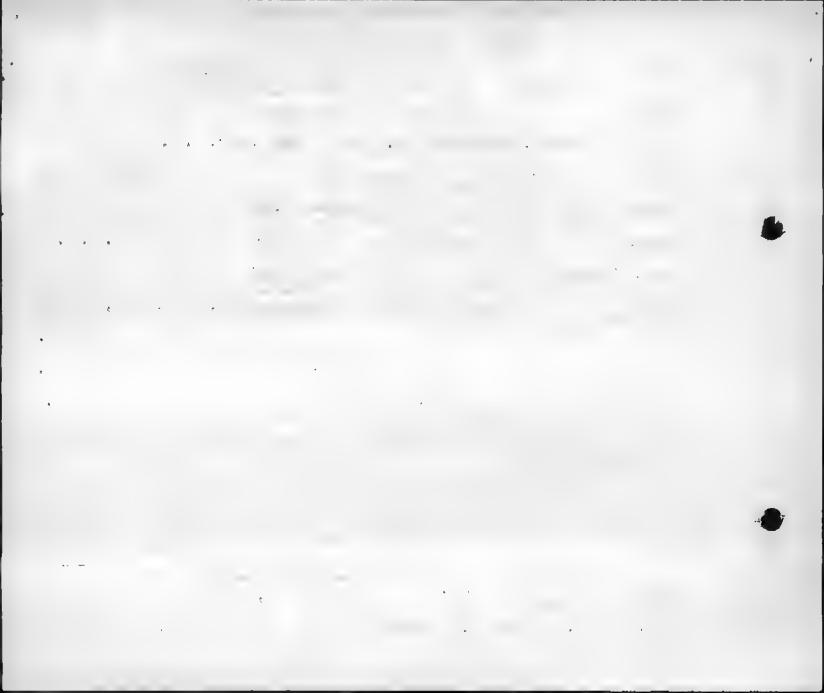
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 potential filled in by the funeral director, ers. Pages 1 and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR:

this certificate has been signed by the ottending physician and page 3 should be detach.

the vse as the buriol-transit permit. Then please remove carban the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69212**CERTIFICATE OF DEATH** 9234 Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY o. STATE **b.** COUNTY A the funeral shauld be fi b. CITY OR TOWN (If poiside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give meares) town) c. LENGTH OF STAY IN 16 å RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO puo .⊆ NAME OF 4. DATE First Middle Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED | DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 5 8 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME physician 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO þ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASÉ CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Stole) (County) Hour a.m. foctory, street, office bldg., etc.) White Not while of work of wark that I last saw the deceased 21. I certify that I attended the deceased from 2 , and that death occurred at X115 P.M. from the causes and on the date stated above. alive on. FUNERAL DIRECTOR: age 3 shauld be detact ADDRESS (Street, city or fown, ACTUAL PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OF CREMATORY
Ash Memorial. 220 BURIAL CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) (State) poge 22/58 Sandy Spring, 0 FLINERAL/DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville, Md.

DATE AHG 2 1 '58

Orthog & Thousa

after death. Page

be executed

death certificate

that



VS A15 (4) 15M 9/55 補

I

MARYLAND 9235	STATE D	EPARTMENT	OF H	EALTH-	-BALT	IMORE,	18
9235	CE	RTIFICATE	OF D	EATH			

()9213

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
MARULAND . COUNTY MONTGOMPEL
c CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest town)
SILVER SPRING
d. STREET ADDRESS
10/ WILLIAMS BURG DR YES NO E
Lost 4. DATE Month Day Year
DAWSON DEATH AUGUST 4 1958
B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS
5. 14-04 54 yrs. Months Doys Hours Min.
USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
t co. WASH D.C 4.S.A.
14. MOTHER'S MAIDEN NAME MARY ANN
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
INFORMANT Address
s. Ethel S. Dawson, 101 Williamsburg Drive
INTERVAL BETWEEN
acompensation ONSET AND DEATH
JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
left brug - Mombophlebitos (lig) YES NO
RED. (Enter noture of injury in Port I or Port II of stem 18.)
PLACE OF INJURY (Home, form,   20F. (City ar town) (County) (State) foctory, street, effice bldg, etc.)
1944, to 24 1957, that I last saw the deceased
th occurred at 925AM, from the causes and on the date stated above.
ADDRESS (Street, city or town, state)  DATE SIGNED
M.D. JOG G Lelesvelle of STY50
Le Les Arasana Ind
The weed of the
OR CREMATORY 22d LOCATION (City, 104m/ar county) (State)
THE WORLD STATE OF THE STATE OF
OR CREMATORY 22d LOCATION (City, 104m/ar county) (State)



Silver Spring, Md.

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) e. IS RESIDENCE ON A FARM? YES TO NOTE Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min 12 CITIZEN OF WHAT COUNTRY? U.S.A Address J.C. Robert H. Denton .1332 Locust Rd. N.W. Washington INTERVAL BETWEEN ONSET AND DEATH minude to PERFORMED? YES NO P (County) (State) ....... 1958 that I last saw the deceased ADDRESS (Street, city or town, state) M.D. 7600 CarrollAve Takoma Park Md. 8/20/58 22d. LOCATION (City, town, or county) (State) Marabakaananaanaana. Pr. Geo. Co. . Md.

arthur S. Frank



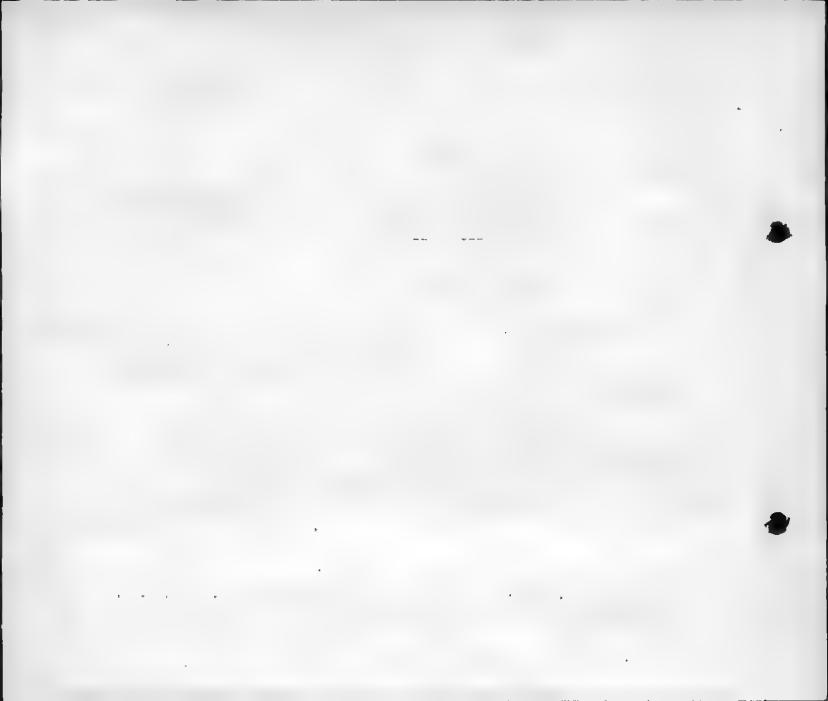
VS A15 (4) 15M 9/55

		MARYLAND	STATE DEPARTMEN	IT OF HEALTH-	BALTIMORE, 18		d Aus
		9236	CERTIFICAT	E OF DEATH	Re	g. Dist. No.	15
1	c	CITY OR TOWN (If outside corporate limits, write	MARYLAND 2.	o. STATE mod	deceased fived If institution: R b. COUNTY de carparate limits, write RURAL	Mont. C	0
,	(	NAME OF HOSPITAL (If not in haspital, give street of NASTITUTION	2 4/100 1	Cabene d spress appress Vac Ar	Llur 13/	IS RESIDEN     ON A FAR     YES    NO	RM?
	- 1	IAME OF First PECEASED (ype or print)	A. Middle Tic	Last 4.	DATE OF DEATH OF DEATH	Day Year 19 .	58
1		USUAL OCCUPATION (Give kind of work done 10b.	DIVORCED 🗆 🗸	tent. 17.18	7 4 7 3 yrs My		Min.
)		dering most of working life, eyen if retired)  HOUSE W   FE		4. MOTHER'S MAIDEN NAM	ada	Canac	da
		Wesley Masony  NAS DECEASED EVER IN U. S. ARMED FORCES? 14.	OCIAL SECURITY NO. 17. INFO	RMANY D	Clara Blo	)18 .	
		18. CAUSE OF DEATH [Enter only one cause par lin	None (c). (b). and (c).	H. Wich	12 211-	INTERVAL BETWE	EN
	,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to Immediate couse (a), stating the under- lying cause last.	Menor Vales	assular Caroli	ocoreclu dy	£. 5 / 8	L
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTO PERFORME YES NO	D?
	A CERTIFI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED (E				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, IN Hour e. m. 19 While at work	Nat while factory	OF INJURY (Hame, farm, 13, street, office bldg., etc.)	20f. (City ar town)	(County) (	State)
/		21. I certify that I attended the decease alive on the form 195  ACTUAL SIGNATURE (1950)	od from July 2007 ond that death ac		A, from the causes and IRESS (Street, city or town, state		
		PHYSICIAN'S Donald A. Ekman		5707 Wiscons	in A <b>ve.</b> Wash, I	). C.	
	220 I	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 8/13/58	22c NAME OF CEMETERY OR CE		Suitland, Mary	vland (State)	

23. FUNERAL DIRECTOR'S SIGNATURE
Robert A. Pumphrey

ADDRESS Bethesda, Maryland

22d. LOCATION (City, town, or county)
Suitland, Maryland 240. REC'D BY REGISTRAS 5 845. REGISTRAR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09212 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) should Chevy Chase Bethesda hours d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION / d STREET ADDRESS . IS RESIDENCE Suburban Hospital YES INO IN 3711 Taylor Street NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) Emma Casev Doran DEATH August 19 6 COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years loss birthday) B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours November 1, 1861 Female White WIDOWED DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Homemaker Galveston, Texas U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 200 Thomas Casev Catherine Fav IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Miss Helen Fav Doran As above 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET\_AND/DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gove rise to immediate **DUF TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🛱 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURPED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour ø. m. While Nat while ol work of work D. 01 21. I certify, that I attended the deceased from 1920, that I last saw the deceased and that death accurred at 12 17 M, from the causes and an the date stated above. alive on 1+c ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode Aug. Washington WERAL DIRECTOR'S SIGNATUR 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR



# FOR STATE HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(19218

	3100	Reg. Dist. No.	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before	e admission)
	" o. COHMY Taomery MARYLAND	o. STATE DO d b. QUINTY	
	b. CITY OR TOWN (if autitide exposals Limits, we're BU AL C LENGTH OF STAY IN 16	GITY OR TOWN (If outside corporate limits, write RURAL and give near	rest lown)
	To Komp Port 3214	Palma-Park Heattaill	- 2011
	d. NAME OF HOSPITAL OR INSTITUTION-(If not in hospital, give street address)	d STREET ADDRESS	E IS RESIDENCE
	11106 T	025011.11.32	ON A FARMS
	The state of the s		
	DECEASED	Lost 4. DATE Month Doy	Yeor
	- And	15 Duyer DEATH 8 - 12.	1958
	00	Fact burglature 1	HOURE MIN
	WIBOWED DIVORCED	0-21-03 541	
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION of myching tife, even if retired)	RY 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF V	WHAT COUNTRYS
	Masterer	1. 10.	7
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Elmer Dwyer	Manie Lorella Ma	4
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN IVEL no. or grahopun) (If yes, give war or dates of service)	NFORMANT Address	/
	No	Hospital Necord	4
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERNAL ONSE	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Orecles	Colema 29	Turus
J	DUE TO D	2 -	7
V	Conditions, if ony, which) to eschelal	Contusion 22.	figura.
	gove rise to immediate couse  {0}, stoting the underlying DUE TO	01 10	1
	course lost. (c) fracture of	seull 2x	hours
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES	PERFORMED?
		nler nature of injury in Port I or Parl II of item 18.)	7
	PRIMARY I OF CONTRIBUTING A CAUSE OF DEATH.	Expos Scold ald While	plate
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC	TE OF NJURY (Hame, form, 120f. (City or sown) (County)	(Stote)
	White A Not while of	ory, street, office blog., efc.)	Monte
	21. I certify that I took charge of the remains described about		
			ond in Ma
	opinion death resulted from Natural causes [], Accident	Suicide, Homicide, Undetermined monner	
	ACTUAL OF IN ROLL	CHIEF MEDICAL EVALUATION FO	ATE SIGNED
	SIGNATURE MANAY, I MORE NOW.	M D. CHIEF MEDICAL EXAMINER	
	EXAMINER'S ELLIK T Rhichard	ASSISTANT MEDICAL EXAMINER	
	NAME (Type) FATAN J. Broschant	DEPUTY MEDICAL EXAMINER 8 - / 2 -	38
	220. BURIAL CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY OR		(Stote)
	Burial 8/16/58   Mt. Olive		* 6
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 9 Balto		
	Francis Gasch's Sons woods and the	3 I SIG 1 8 '58   Clother I Have	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in them. 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded by Chief Medical Examiner's Office along with farm PMS. Por may be retained for your files.

TO FUNERAL DIRECTOR: Tyge 3 should be used as a burial-transit permit. File pages, 1 and 2 with the State Baard of Mealth, are its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death. execute the certificate, w 4 should be forwarded TO FUNERAL DIRECTOR: VS. A15ME 5M 2, 57



#			923	39		CERTIF	ICA	TE OF DEATH	4		Reg	g.
the funeral director, should be filed with		Mont	gomery			MARYL	AND	2. USUAL RESIDENCE (W				251
M Deroll	1	b. CITY OR TOWN (IF RURAL and give ned ethesda (R	outside corporate limit rest town) unal	ls, write	c. LENGT	H OF STAY II	N 1b	c. City or town (if o		orale limits, w	rite RURAL	0
in by the f and 2 shay		d. NAME OF HOSPITA	L (If not in hospital, g		oddress)			d STREET ADDRESS		23	-7-1	_
lled in by	3.	S. Naval  NAME OF DECEASED (Type or print)	HOSPITAL, Fin Lill	59	esda,	Middle Lang		1040 Wa tost EARLY	4. DATE OF DEATH		Month ugust	
letely filled in parts. Pages 1 of h.		sex emale	6. COLOR OR RACE White	7. MARI		VER MARRIED		8. DATE OF BIRTH  8 March 189	9	9. AGE [In solution of the second of the sec	years IFUN day) Mon	
ie be executed in and carbon porter death.	H	during most of worki	N (Give kind of work on ng life, even if retired)	) [	KIND OF I		INDUS	TRY 11. BIRTHPLACE (State	or foreign c	country]	112	2.
physician and smare corbon hause other de	A	father's NAME ngus LANG					1	Emma LUDWIG				
ing phy pa remo			IN U. S. ARMED FOR	prvice)	SOCIAL SE	CURITY NO.	1	wighter) Wirs.	Bett	у <b>J.</b> №	Address ersere	9:
e attending physician and en please remove carbon at within 72 hayse-after d		PART I. DEAT	TH [Enter anty one ca H WAS CAUSED BY: IMMEDIATE CAUSE (a			•	Cai	ccinoma to Br	ain			
tr. Th		Conditions, if an			Aden	ocarci	noma	of the Lung	7			
ア・・ラー 一	Z	couse (o), stating H lying cause last.	he <u>under</u> DUE TO	)	COLUMNIA	DIC TO DEAL	CAA MART 1	MOT BELLERO TO VALUE TO	la de la Carta			PRIMA
is the law fer na physician e has been s busial-transit remaval, and	CERTIFICATION							NOT RELATED TO THE TERM				4 1
ficat ficat ficat ficat or		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH AEDICAL EXAMINER)					). (Enter nature of injury in		rt II of item II	В.)	
remation,	MEDICAL	20c, TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	20d. I While at wor		while		CE OF INJURY (Home, farm lory, street, office bldg., etc	:.)	y ar town)		
the hospin		21. I certify the ative on 28 A	it I affended the ugust	_, 12_		16 At		occurred at 9:25F	M, from			ΟI

11TH ST.SE, WASH. D.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09219 Dist. No. 215 dence before admission) nd give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Day 19 58 DER I YEAR IF UNDER 24 HRS Davs Hours CITIZEN OF WHAT COUNTRY? U.S. (Same As #2) INTERVAL BETWEEN ONSET AND DEATH PART I(a) 19. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗍 (State) (County) I last saw the deceased n the date stated above. mutter U.S. Naval Hospital, Bethesda, Md. 8-29-58

(State)

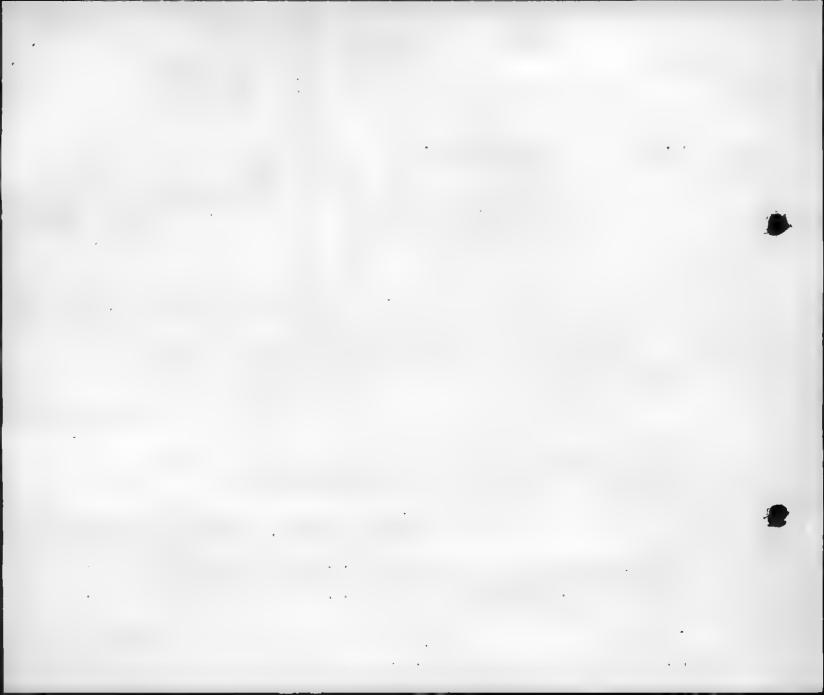
PHYSICIAN'S Murray G. Mitts, LT, MC, USIN U.S. Naval Hospital, Bethesda, Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Gemetery Suitland, Maryland

> 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE SEP 3

ACTUAL SIGNATURE

220 BLRIAL, CREMATION, 22b. DATE THEREOF BUT 181 9-2-58

23. FUNERAU DIRECTOR'S SIGNATURI



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 toms 8 & 9, Film G-233 9 CERTIFICATE OF DEATH

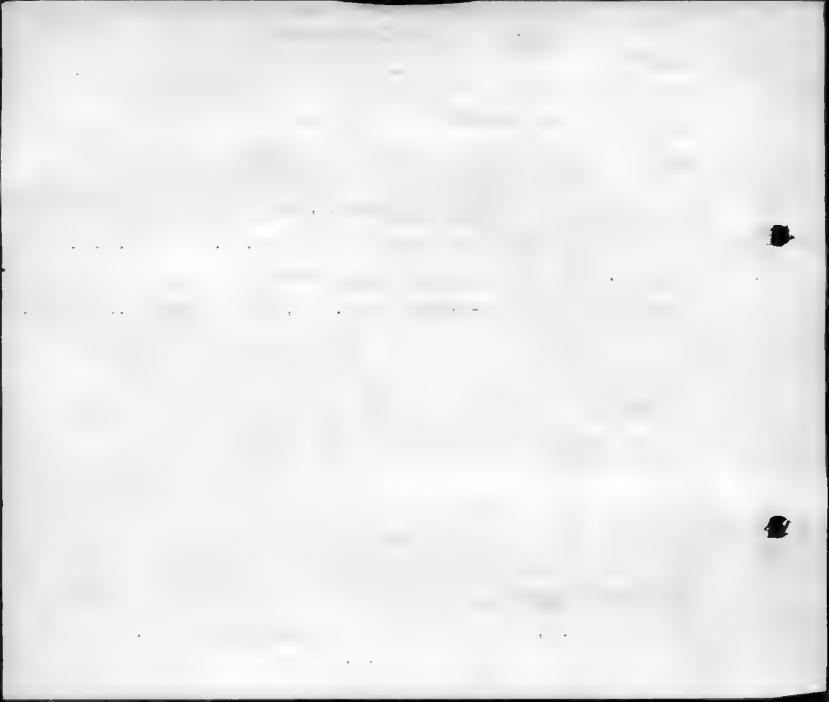
09220

L			3248	CLI	CHILO	AIL OF L	LAII			Reg. D	ist. No.		
1.	PLACE OF DEATH	ONTE	MER	Y	MARYLAND	2 USUAL RESII o. STATE	OENCE (Who	ere decease	d lived. If instituti b. COUNTY		nce befor	re admiss	1. 1
Г	b. CITY OR TOWN RURAL and give		rote limits, write	c. LENGTH OF	STAY IN 16	c. CITY OR	OWN (II ou	itside corpo	rale limits, write R	URAL and	give neo	rest lawr	)
	SILVER S	PRING		3 year	8	SILVE	R SPR	ING					
	d. NAME OF HOSE OR INSTITUTION	ITAL (If not in ho	spital, give stree	oddress)		1548 A	DDRESS					e. IS RES	IDENCE FARM?
L	1541 EA		HI GHWAY			1541		WEST :	HI GHWAY				NO 🔀
	NAME OF 548 DECEASED	74360 D	First		liddle	Los	t	4. DATE OF	Mor		Do	,	Yeor
$\vdash$	(Type or print)		ATRICK			0.0174.04.0107	. 2	DEATH		25	DIVEAD		1958 R 24 HRS.
3.	SEX	6. COLOR OF		RIED X NEVER M		B DATE OF BIRT	1902		9. AGE (In years last birthday)	Months	Days	Hours	Min.
	MALE	WHITE	WIDOV		ORCED [	MALECH 17	, 199		5856 yrs.				
	during most of we	orking life, even il	f retired)		ESS OR INDUS	STRY 11, BIRTHPL	ACE (State o	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	ERVICE R	<u> अध्यक्षत्रसम्</u>	ATTIVE	NDERWOOD .	TYPEWR		ALTIM		MD.	1	<u>1. S</u>	A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L	MICHAEL	J. FINN					BRANN	EN					
	WAS DECEASED EY	/ER IN U. S. ARA/ 1 (If yes, give mor or		. SOCIAL SECURIT	Y NO. 17. H	NFORMANT	1	548	Add	Lerr			
_	YES	WW #1 8	2	577-09-13	25 M	ARY H. F	INN	1501 1	EAST WEST	HGW	Y.S	ILVE	R SPR
	18. CAUSE OF D	EATH [Enter only		line for (a), (b), on				7-7-			INTE	RVAL BE	TWEEN
	PART I. DI	IMMEDIATE C	ED BY:	4RCINO	AME	OF L	LUN	1 C-	W		ONS	ET AND	DEATH
	2		DUE TO	exteur	11110	14080	1800.	000	-				
	Conditions, if			ex Cu									
1	gove rise ta	immediate	(b)									<del></del>	
	lying cause lost	g the <u>under-</u>	DUE TO										
			(c)	CONTRIBUTING T	O DEATH BUT	NOT DELLTED TO	THE TERM	AAA DICEAC	F COLUNITION ON	/mm = 45 L (5.4)	1	0 14/45	AUTOREV
CERTIFICATION	PAIR II. O	THEK SIGNIFICAL	NI CONDITIONS	CONTRIBUTING	D DEATH BUT	NOT RELATED TO	I THE FERMIN	AVE DISEAS	E CONDITION GA	EN IN PA	KI I(a) I	PERFO	RMED?
	200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	IG 🗌 CAUSE OF	DEATH	SCRIBE HOW INJU	RY OCCURRE	D. (Enler nature o	finjury in P	art I or Por	t 11 of (tem 18.)				
3	20c. TIME OF INJU		lay, Year 20d	INJURY OCCURRE	D 20e. PL	ACE OF INJURY	Home, farm,	20f. (City	or tawn)		(County)		(State)
MEDICAL	Hour a.m		19 Of we		7 100	ctory, street, office	bldg., etc.)						
~	21. I certify			- T	au 12	10.6%	r in A	UG-2	5 , 195	× 44 - 4 1	lest se	Ab a	<del> </del>
		419G 2		and the second s					n the couses of				
	DIIAE OUTTO		.i, 1%	ana	rnor dearn	occurred da			n The couses of treet, city or town,		the da	te state	ed above.
	ACTUAL	las. A	erker	July 7	· Can	un 102.	5 VE	RMI	- A	-VE	N.	10	8/25/5
	SIGNATURE		01.000	<del>50</del>	- 14	M.D.		( )					7:7:
	PHYSICIAN'S V	OSEPH BE	RKENBIL	[									
220	BURIAL, CREMAT	ION, 22b. DATE	THEREOF	22c. NAME OF	CEMETERY O	R CREMATORY		22d LOCA	TION (City, town,	ar caunivi		(Stat	e)
	REMOVAL (Specif	7)								37.4		10.00	-/
23	BURTAL FUNERAL DIRECTO		28,1958	ADDRESS	TON NA	LAUNAL	24a. REC'D		DRT MYER	STRAR 5,5	GNATH	RE	
	Warner	سال ال	mphre	SILVER	SPRIN	G,MD.	DATEAUG			July 2.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mpletely filled in by the funeral director, popers. Pages I and 2 should be freely with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR.

To this certificate has been signed by the attending physician or page 3 should be detained for use as the burial transit permit. Then please remove carban death, the registrar prior to burial, cremotian, ar removal, and in any event within 72 hours/offer death. VS A15 (4) 15M 9/55



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Rea. Dist. No shauld 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · CQUNTY b. COUNTY MARYLAND burial, b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF First DATE Last Month Day Year DECEASED DEATH (Type or print) 19 (0, ) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Days Min. Hours WIDOWED [7] DIVORCED [ yrı. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) tower 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: en rous IMMEDIATE CAUSE (o) **burial-transit** DUE TO Conditions, if ony, which gave rise to immediate couse guo DUE TO (o), stoting the underlying couse fost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPS 00 PERFORMED? used NO [7] 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) CAUSE OF DEATH. Exami shauld MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while o. m. at work at work P. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection X. Inquiry (1), and find that death resulted from: Natural causes K. Accident , Suicide . Homicide . Undetermined cause to the Chic f DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER OSCAR 220, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (State) REMOVAL (Specify 0 23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS 24o. RÉC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15ME(5) **'58** DATE AUG 5 5M 9/55

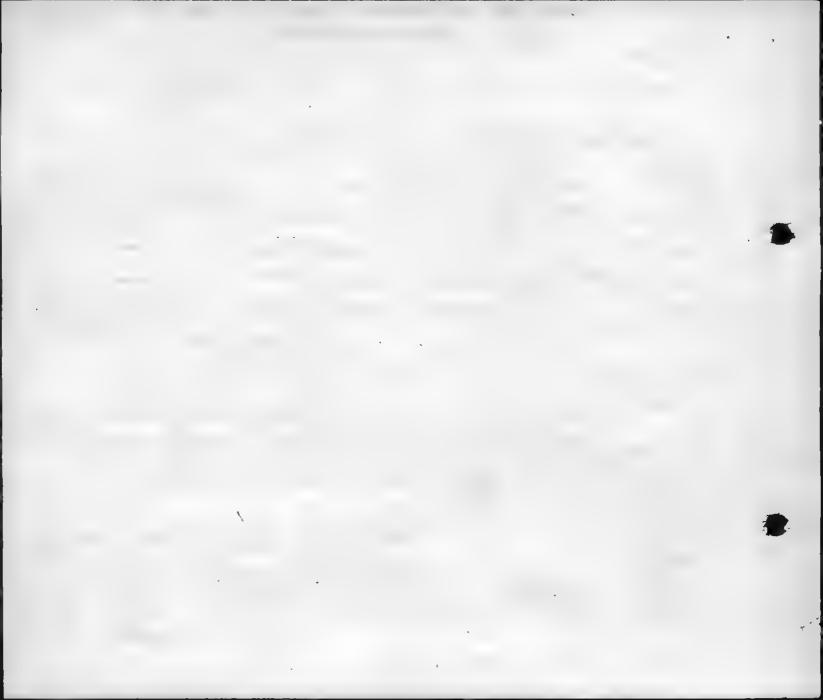
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4		13 Ku ?	1 1	CLICITIC	712				Reg. Dis	st. No.	
	1. PLACE OF DEATH						nere decease	d lived. If instituti	on: Resident	ce before ad	imission)
	a COUNTY Mo	ntgomery		MARYLAND	a. \$T	Ma <b>ry</b> ]	and	b. COUNTY	Monto	omery	
		(If outside corporate limi	ts. write	c. LENGTH OF STAY IN 16	c CI			rote limits, write R	terrenteri temperatualist	- A	
	RURAL ond give	nearest fown)								,	
		hesda		17 days		Kensingto	n				
F	OR INSTITUTION		_	oddress)	11 /	REET ADDRESS				0	RESIDENCE N A FARME
lans	Subu	rban Hospit	al		3	706 Lawre	ence A	venue		YES	NO 🔁
	3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	rth	Day	Yeor
	(Type or print)	Clar	ence	Wilbert		Fox	DEATH	Au	gust	22	1958
	S. SEX		1	IED NEVER MARRIED	8. DATE C	OF BIRTH	-	9. AGE (In years		I YEAR IF U	NOER 24 HRS.
	Male	White	WIDOWE		1	1/17/76		lost birthdoy) 81 yrs.	Months	Days Ho	ura Min.
	10o. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote	or foreign c		12. CIT	ZEN OF W	HAT COUNTRY?
		rking life, even if retired	)			Virgini				Amer	100
	Retired 13. FATHER'S NAME				14 MC	THER'S MAIDEN I				Auter	Ita
	77 3										
1		atian Fox er in u. s. armed for	CES2 14	SOCIAL SECURITY NO. 117	INFORMAL	Unkno	own	Add	rats		
	[Yes, no. or unknown)	[If yes, give wor or dotes of s	ervice)				- 90	Add R	t. 2	-	
	No				archi	e Wilbert	lox	S:	Liver	Sprin	g. Md.
		ATH [Enter only one co	iuse per lir	ne for (a), (b), and (c) ]		1	0				L BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	( )		rcc	eus	in		1/0	a day
	420.1	DUE TO		Loud		- ^	1				7
	Conditions, if	ony, which ) a	. (	in ma	1 - 0	(US)	0	Cr00.	ا و وسیار از	1 1/1	0-1
	gove rise to immediate Out To										
	bine annual lest										
		, 10		CONTRIBUTING TO DEATH BU	T NOT PEL	TEN TO THE TERM	INIAI DISEAS	E CONDITION ON	/ENLINI DADI	1 1/m 19 W	AS ALITOPSY
4	[E		0.000			0	A . ()	2 CORDITION ON	EIN IN LAK	PE	RFORMED?
JP.	5	June		my of		ero,	10le	erore	2	YES	□ NO □
	I №   OR CONTRIBUTIN	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINERS	20b DES	CRIBE HOW INJURY OCCURR	ED. (Enter r	colure of injury in	Port I or Por	t II of item 18.)			
			nr 120d #	NJURY OCCURRED   20e F	LACE OF IN	UURY (Home, form	204 (616	r or town!	10	`aa.	(Stole)
	Y 20c. TIME OF INJU	,,,	While	Not while f	octory, stree	t, office bldg., etc	i)   201. (Cil)	or igwill	()	ounty)	(51012)
	₽. m.	19	ot wor	k of work	1		11	/			
	21. I certify	hat/I attended the	deceas	ed fram 2/5	SE. 1	9, to	127	158, 19.	,that Li	last saw t	he deceased
	alive on	121/58	12	and that deat	h accurr	ed at Z.A.	M. fror	n the causes o	and an th	ne date si	tated abave.
		1.75		/1		777		treet, city or town.		10 0010 0	DATE SIGNED
	ACTUAL	Liller	1	VIII		10621	0 40	main	11.0	8	=/22/5
1	SIGNATURE	7000	T		_ M.D			ar in hour.	SAM		127.3.
1	PHYSICIAN'S NAME (Type)	John J. C	urry	J		Sive	o Sp	sing \	nd		/
	220. BURIAL, CREMATI	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMAT	ORY	22d. 10CA	TION (City, town,	or county)	(	State)
	Buna pecif	8/25/58		Mt. Zion			Reth	esda Ma	mula		
	23 FUNERAL DIRECTO			ADDRESS		24g, REC'	D BY REGIST		STRAR'S SIC		
	Robert A	Pumphre	v-Re	thesda, Mary	lond		AUG 2 5			8. Haus	L
		- www.hutt.c	7 LIC	mesua, wary	lang	DATE	MUULU				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the papital or attending physician.

TO FUNERAL DIRECTOR is this certificate has been signed by the attending physician or impletely filled in by the funeral director, page 3 should be detachar for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or removal, and in any event within Total after death. VS A15 (4) 1SM 97SS



9242 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR:

This certificate has been signed by the ottending physician and the please is the funeral director, page 3 should be detached or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. uted within 24 hours ofter death. Page 4 V TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exe

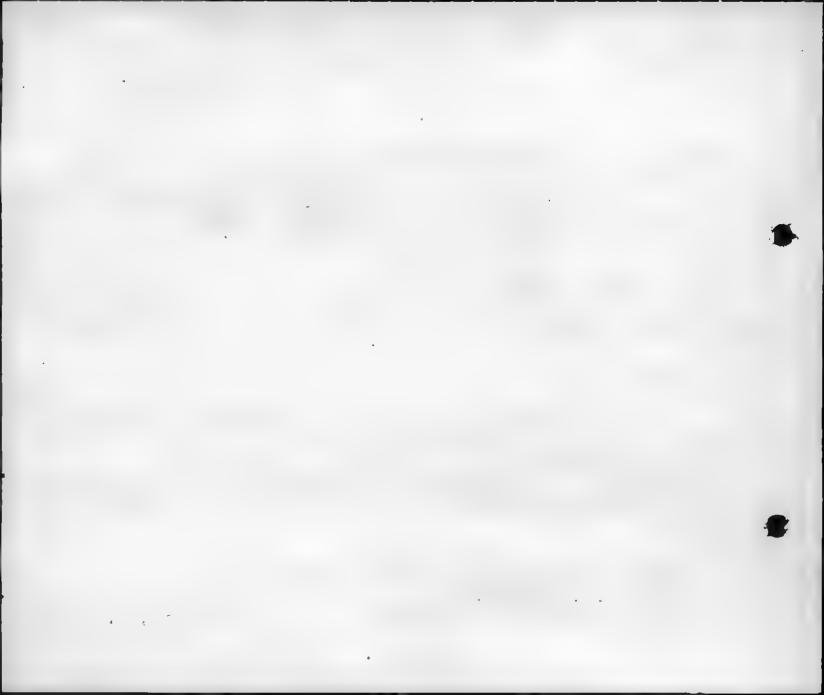
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09223

	באפ	. 13	CERTIF		CIE OF D	EMIL	1		Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY Montgome	a frat		MARYLA	NID	o. STATE	vland		b. COUNTY	an. Reside		re admiss	ion)
b. CITY OR TOWN (	(If aŭtside carporate limits, w	rrite c. Ll	ENGTH OF STAY IN	1Ь				ate limits, write R			arest lown	)
Olney			lo min.	1	A Sper	ncer	ville					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give s	street addre	55)		d. STREET AD	DRESS						FARM?
	County Gener	al ho	spital								YES [_]	NO 🗆 🤈
3. NAME OF DECEASED	First		Middle		Last		4. DATE OF	Man	th	Do	y 1	lear
(Type or print)		nche_	<u> Iren</u>			azie		Aug		0.14640		9 58
5. SEX		- 4	NEVER MARRIED	ין ם	B. DATE OF BIRTH			9 AGE (In years last birthday)	Months	Days	Hours	R 24 HRS Min.
Female	. LUEPTO L	DOWED 🗌	DIVORCED		12/15/	10		47 yn.		20//	1.0077	101177
On. USUAL OCCUPATE during most of war	ON (Give kind af wark dane rking life, even if relired)	10b. KIND	OF BUSINESS OR	INDUS	TRY 11. B RTHPLA	, t (State	or foreign co	one y)	12. €	ITIZEN C	F WHAT	COUNTRY?
Housewife	?					Mary				USA		
3. FATHER'S NAME					14. MOTHER'S N	MAIDEN N	IAME					
	on E. Campbel					ry Wł	ite					
(Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		AL SECURITY NO	17. JB	VFORMANT			Add	ress			
<u></u> j				Т	ames Wil	ton. F	razie	r S	ame			
18. CAUSE OF DE	ATH [Enter anily one cause	per line for	(a), (b), and (c) ]		<i>(</i> 3	^		,		INT	ERVAL BE	IMEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	10	10	10	(1)	in V.	1100	~		ION:	SET ND	DEATH
Sur Sur	DUE TO		6 - 6 - 6		7		<u> </u>				- Kland	£.,
Canadist In .		W	12. 12.	- 1						1 /	111	
Conditions, if a	immediate	144	1 LENCY					<del> </del>			10	10
couse (a), stating lying couse last.		Ple	strte	2						5	yr	Even
PART B. OT  PART B. OT  200 ACCIDENT W  OR CONTRIBUTING  (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITION	ONS CONTR	fr Del	H BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(0)	PERFO	AUTOPSY RMED?
	AS UNDERLYING [] 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE	HOW INJURY OCC	URRED	(Enter nature of	injury in I	Part Lar Part	II of item 18.)				
20c TIME OF INJUI	- V	Vhile	Not while		CE OF INJURY (He tary, street, office I			or lown)		(County)		(State)
ž p. m.	19 0	t work 🔲	of work		4		1	<i>i</i> — —				
21. I certify the	hat I attended, the de	ceased fr	am 69_1	57_	, 19.S.F.	taS	-/ 41	19.5	that I	last so	w the	deceased
alive on 7	1-81	19.53	_, and that d	eath	accurred at_	7:25	AM, fran					
1	0	2	7 1					reet, city or town.				TE SIGNED
ACTUAL SIGNATURE	XM	De	21	A	и D	4.	an	dy of		7	8/	757
PHYSICIAN'S NAME (Type)	J. W. Bird, 1	M. D.				Sar	idy Sp	ring, Ma	rylar	nd		/
220. BURIAL, CREMATIC	N, 226. DATE THEREOF	22c.	NAME OF CEMENT	RY OR	CREMATORY		22d LOCAT	on (Cap low 1.)	prounty)	Mil.	(State	)
3. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS lockville	, M	1.	AUG	D BY REGIST	[[8]00 /	STRAR'S 6	y	RE	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

9243

09224

<u> </u>	reg. Disr. No.
1	PLACE OF DEATH  o. COUNTY Mont agon one MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE Description of the country of the countr
H	b. CITY OR TOWN (If odiside corporate limity, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if odiside corporate limits, write RURAL and give fleares) town)
	Silver Spring, 3 april Silver Spring
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9402 RILEY Place  d. STREET ADDRESS.  ON A FARM? YES NO D
3	NAME OF DECEASED (Type or print) Charles Cliffon Freer DEATH Aug. 6 1968
5	SEX MOOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 77 yrs. Months Days Hours Min.
1	during most of working life, even if retired)  Bur, Engrowny Washing from D.C. 12. CITIZEN OF WHAT COUNTRY?  Washing from D.C5,
13	William Freer 14. MOTHER'S MAIDEN NAME Clark
	(vs. no of sales of service)  Thone  Was DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (vs. no of sales of service)  Thone  Wrs. Mary A. Freer, 9402 Riley Place
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
ı	IMMEDIATE CAUSE (c) OFONOMY INDIMENSAS AS
ı	Conditions, if ony, which (b) Artoriuso lanotic heart Wisease
	couse (o), stoting the <u>under-lying couse lost.</u>   Out to this to this to the under-lying couse lost.   (c)   (c)
CATIONI	
Ccorici	
1400004	20c. TIME OF INJURY Mooth, Day, Year 20d. INJURY OCCURRED Have o. m. While Nat while of work o
	21. I certify that I attended the deceased from. 7/22, 1958, to 8/6, 1958, that I last saw the deceased
l	alive an
	ACTUAL SIGNATURE
	PHYSICIAN'S John B. Umhau Cheng Close Md
2	REMOVAL (Specify) BUPIAL  226. DATE THEREOF CONGRESSIONAL CEMETERY 226. NAME OF CEMETERY OR CREMATORY WASHINGTON, D. C.  (State)
2	SILVER SPRING, MD. DATE AUG 1 1 158 CLUB SALLER

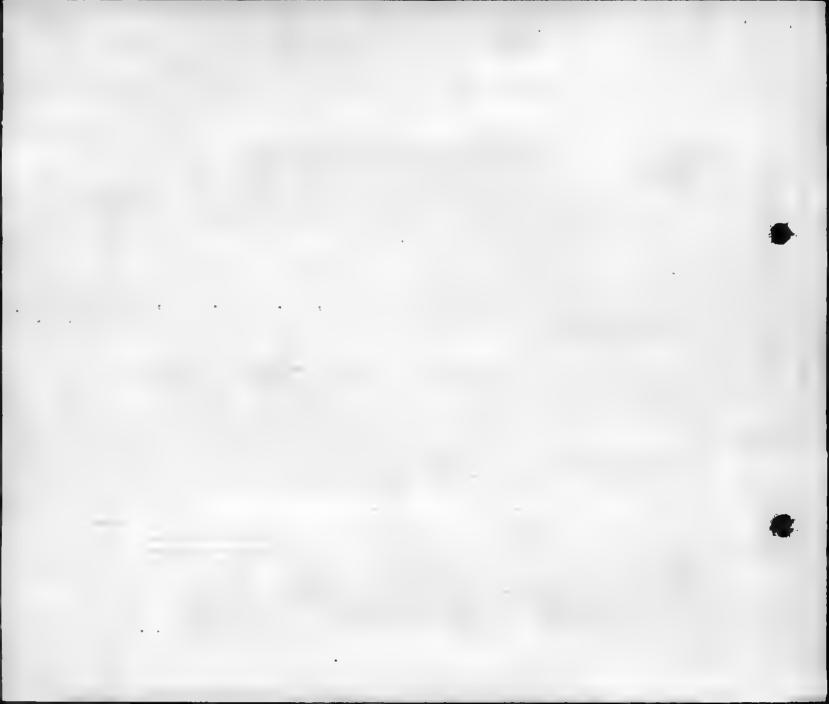
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4, may be retained by the project or attending physician.

TO FUNERAL DIRECTOR:
this certificate has basen signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pupers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

apletely fitted in by the funeral director, ers. Pages 1 and 2 shauld be filed with

M

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9244 CERTIFICATE OF DEATH

Rea Dist No.

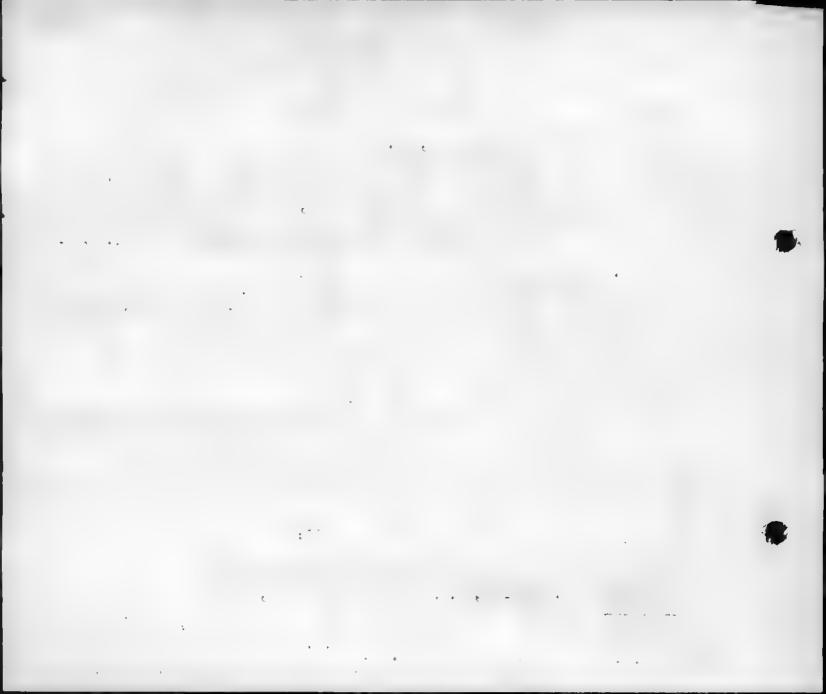
09225

Į.							R	eg. Dist, N	io.	
	PLACE OF DEATH	font gonesia		MARYLAND	2. USUAL RESIDENCE (W)	ere deceased lived. If b. C	institution COUNTY	Residence be	efare admi:	ss on]
ŀ		Montgomery (If outside corporate limits, w	rile c. LENGTH	OF STAY IN 16	Florida c. CITY OR TOWN (IF o	utide corporate limits	write PDP/	Al and aive	nearest law	-n)
ı	RURAL and give in Bethesda	nearest fown)	1.	days	Gainesvill		. J	. und give i	neoren 100	,
ŀ	d NAME OF HOSP	ITAL (If not in haspital, give :	street address)	Cays	d STREET ADDRESS	.0	- 4		e. IS RE	ESIDENCE
	The Clini		Bethesda	14, Md.	1310 North	East lith	Terr	ace	ON.	A FARM?
	3 NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month		Day	Year
l	(Type ar print)	Davi	ld	Bryant	Fussell	DEATH	Augu	st 7	7	1958
I	5. SEX	6. COLOR OR RACE 7.	MARRIED   NE	VER MARRIED	8 DATE OF BIRTH	9 AGE (I		UNDER 1 YEA		
ı	Male	White w	DOWED 🔲	DIVORCED 🔲	June 15, 19	49	yrs M	ianths Days	s Hours	Min
ſ	100 USUAL OCCUPAT	ION (Give kind of work done rking life, even if retired)	10b. KIND OF 8	USINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)		12 CITIZEN	OF WHA	T COUNTR
ı	None		Ne	one	District	of Columbi	a.	U.	. S. I	A.
ſ	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
l	Albert L.	Fussell			Lucille G	ant				
ľ	15. WAS DECEASED EV	ER IN U. S. ARMED FORCEST	16. SOCIAL SEC	URITY NO. 17.	NFORMANT The Med	ical Recor	d Address			
ı	No	to her fact and on our or	None		he Clinical C				aryla	and
F	18. CAUSE OF DE	ATH [Enter only one cause	pg/ Jine fasy(a), (t					II.	NTERVALIB	ETWEEN
ĺ	PART I. DE	ATH WAS CAUSED BY:	Villa	sun!	edewa al	souls des	2-21	0	NSE MI	DE DEATH
l	754.7	DUE TO	7	. )		,			-/	
l	Conditions, if	and orbitals (	angen.	idel K	longic Sto	Eleva				
	gave rise to	immediate (	10	2	1	a real				
l	couse (a), stating lying couse last.	me under-	13+	- Offer	a felice					
ĺ	Z PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTII	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN	IN PART I(o)	19. WAS	AUTOPSY
	Š		·						YES IX	ORMED7
	PART II. OT	AS UNDERLYING 20b	DESCRIBE HOW	INJURY OCCURRE	D (Enter nature of injury in f	Part I or Part II of item	18.)			
	UF EITHER, NOTIFY	G D CAUSE OF DEATH								
l	3 20c. TIME OF INJU	RY Manth, Day, Year 2	20d. INJURY OCC	URRED 20e. PL	ACE OF INJURY (Hame, form	, 20f. (City or town)		(Count	(v)	(Stote)
ı	ZOc. TIME OF INJU		Vhile Nat w	hilefo	ctory, street, office bldg., etc.	1		(000	, ,	(0.0.0)
ı					t 3, 19 58, 10	Assert 7	- E8			
ı		hat I attended the dec August 7	-/ 0			August 7				
l	alive on	/sagabo /	18. 15.4-1-1 0	and that death	occurred at 11:00	M, from the co	uses ond	on the d		
l	ACTUAL (	101 103 D	Lamb	m. d	The Clinic	ADDRESS (Street, city of	r fown, stor-	e)	D	DATE SIGNI
ı	SIGNATURE	4421	www.	was	M U	nstitutes	OF HO			8/8/9
l	PHYSICIAN'S C	ARLOS R. LOMB	ARDO, M.	D	Bethesda 1			SLL UII		
F										
1	REMOVAL (Specify			ster Ce	metery	Webste:	lown, or co	orid	(Sta	ite)
-	removal  3. Funeral Director	PE CICALATURE	ADDRI					/	_4	
ľ	The S.H.			1.3	sh D. Can REGI	UE REGISTRAR 24	<b>Utility</b>	AR'S SIGNAT		
	TIIO Dalla	TITUD OCE TO		,	DATE					

campletely filled in by the fuerral director, sopers. Pages I and 2 should be filled with ecuted within 24 haurs after death. Page 4 D FUNERAL DIRECTOR for this certificate has been signed by the attending physician Companies page 3 should be delimited for use as the burial-transit permit. The please remark carbon papers, the registrar prior to burial, cremation, or remaral, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTO VS A15 (4) 15M 10/57

M



CERTIFICATE OF DEATH 9245 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside comparate limits, write RURAL and give negrest toyn) c CITY OR TOYAN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 16 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM?
YES NO NAME OF 4. DATE First Middle Loss Day Year DECEASED OF DEATH (Type or print) 19.5 9. AGE (In years lost birthday) HE UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED T 8. DATE OF BIRTH Months Days Min. DIVORCED | plei WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? durising most of working life, even if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19 WAS AUTOPSY PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while at wark 🗀 of work to 16 aug 1950, that I last saw the deceased 21. I certify that I oftended the deceased from. annen 230 A.M., from the couses and on the date stated above. and that deoth'accurred of ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE should be PHYSICIAN'S Montgomery NAME (Type) 220. BURIAL EREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 6.70A 011112 20 23. FUNERAL DIRECTOR'S SIGNATURE 246-REGISTBAR'S SIGNATURE DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4)

15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

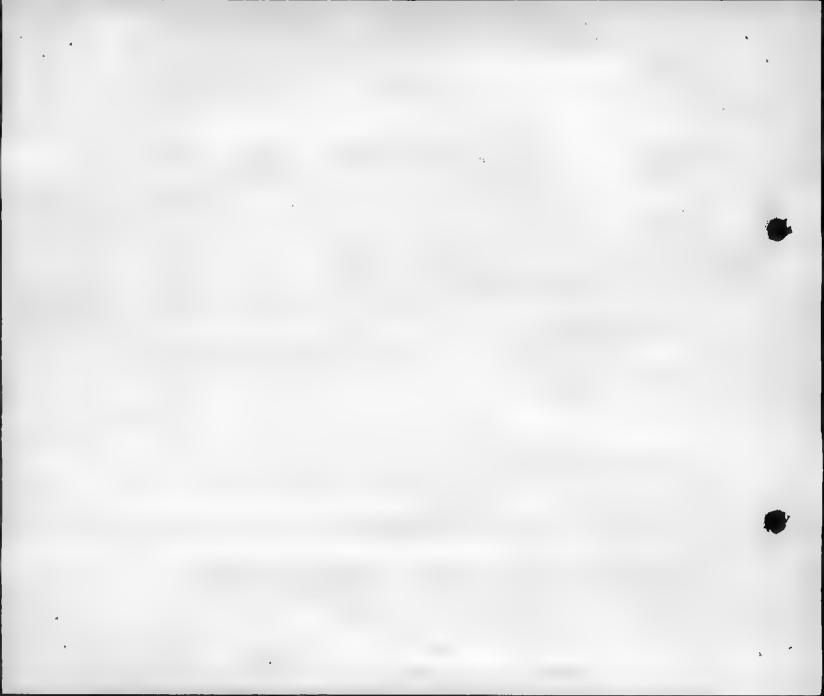
arthur S. Thous

Red. Dist. No. T. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND LGOMERU b CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Koma d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? IaRiums YES NO V 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 195 5. SEX 9. AGE (In years last birthdoy) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH VIE UNDER TYEAR IF UNDER 24 HRS Months Days WIDOWED DIVORCED [ EME 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teacher Rtd aine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 4457171958, to Ffu GUFF 28 21. I certify that I attended the deceased from 19.5%, that I last saw the deceased and that death occurred at 95 .M, fram the causes and on the date stated above. ADDRESS, (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MEMOYAL (Specify) Loudon Park Cem. Balto.. 23. EUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR



a voi	9246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH    Separation   Column   Paration   Paratio	89248 No
4 shauld by	1. PLACE OF DEATH a. COUNTY  O. STATE  O. STATE  O. COUNTY  D. COUNTY  D. COUNTY  D. COUNTY	before admission)
Page burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-town)  L. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-town)	re nearest lawn)
prior to	d. NAME OF PIOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  12 0 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	e. IS RESIDENCE ON A FARM? YES NO N
neral dii yaur file gishar p	3. NAME OF DECEASED (Type or print)  MI TANK OF DECEASED (Type or print)  MI TANK OF DECEASED (Type or print)  MI TANK OF DECEASED (Type or print)	Pay Year
o the furned for the re	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  NOTE: SEX SEX SOLUTION OF SEX SOLUTION OF SEX SEX SOLUTION OF SEX SOLUTION	AR IF UNDER 24 HRS.
be 2 will	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZET	OF WHAT COUNTRY
poges 1, 2, poges 1, 2, and be 5 may be	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. IRANGE AND TAZIA	
Figure Pog	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    Vas. na. or unknown)   11 yes, give wer or dates of service)   220-14-6998-RANK GASIOROWSKI 665	EFFEREN ST.
n PM3. Gpermit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Ordnary Occlusion	NTERVAL BETWEEN DASET AND DEATH
in Item With for Ironsit	Conditions, if any, which) (b)	
pencil alang burial	gove rise to immediate cause (a), stoling the underlying cause last. (c)	
ding" in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	19, WAS AUTOPSY PERFORMED? YES NO A
d "pen	20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury In Part I or Port II of item 18.)	
the war lical Ex e 3 shou	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  Yhile Not while of work at work	(Stote)
Write Paragonal	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .	🔀, and find that
tificate, in the Constitution of the Constitut	SIGNATURE FRANCE OF Brown hast M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
worded I	EXAMINER'S FRANK J. BLUSCHZHT DEPUTY MEDICAL EXAMINER D. 8-5-5	8
forw or n	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) AUC. 9.1958 ST. STHUISLAUS BALTIMORE 1	(State)-
5. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LONG LONG DATE AND 12'588 CITATION S. KIND ATTENDED 12'588 CITATION S. KIND S	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL JETWEEN ONSET AND DEATH

PERFORMED? YES NO 1

(Stote)

(Stole)

Day

Doys

(County)

YES NO

Yeor



	3248  ✓ CERTIFIC	ATE OF DEATH Reg. Dist. No.
不	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  a STATE b. COUNTY
	MARYLAND	Margland Montgonery
1	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest lown).	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	Silver Spring Yuggar	s Silver spring, Maryland
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Daughter's home	1610 KNIVEYS 19 15 IVA, E AS I YES NO
3.	NAME OF DECEASED (Type or print)  Ruth Stanford	Sating DEATH August 5 1955
5.	SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeo's If UNDER I YEAR IF UNDER 24 HRS.
	1 Male W1:18 WIDOWED DIVORCED	3 Sept 1895 62 yrs. Manths Days Haurs Min.
10	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
L	House Wife	Pothan, Alabana, U.S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Will Stanford	Nannie stery
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Daughter 610 Unddress ersity Bluce to
=	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CO	Colored Wash
	Canditions, if any, which ) to Almeral	Aged artoriors clear the 15 even
<b>■</b> C	gave rise ta immediate	1 = peut
	cosse (o), stoting the under [ Jying couse lost. 22/1 X ]	
		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
AT	Kindsten melletus - D.	autoritating Blocking PERFORMED?
Ę	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)
CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		PLACE OF INJURY (Hame, form, 20f. (City or lown) (County) (State)
MED	Hour a.m. While Nat while p. m. 19 of work at work	aclary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 4 ha	4 1958, to 5 (Lucy 14 19 5 5 that I last saw the deceased
	£ 6.	th occurred at \$130 AM, from the causes and on the date stated above
	0 3 5	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE TIMBLE & Complet	ma SSOI Colesville was 2 8/5/58
	PHYSICIAN'S RUSSELL B. Arilola	Silver Spring, md.
22	AURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CHAETERY	OF CREMATORY 224/LOCATION (Eit), 19mn, or/county (State)
	December aug-9-1958 Ock Was	La Kelsigh Hotel Ascolula
23	NUMERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
1	(Kehir) Mallory) Soft X The	PATERUG 7 '98 (PER

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: At its certificate has been signed by the attending physician and pame 3 should be detached to use as the burial-transit permit. Then please remove carbon pay the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/SS

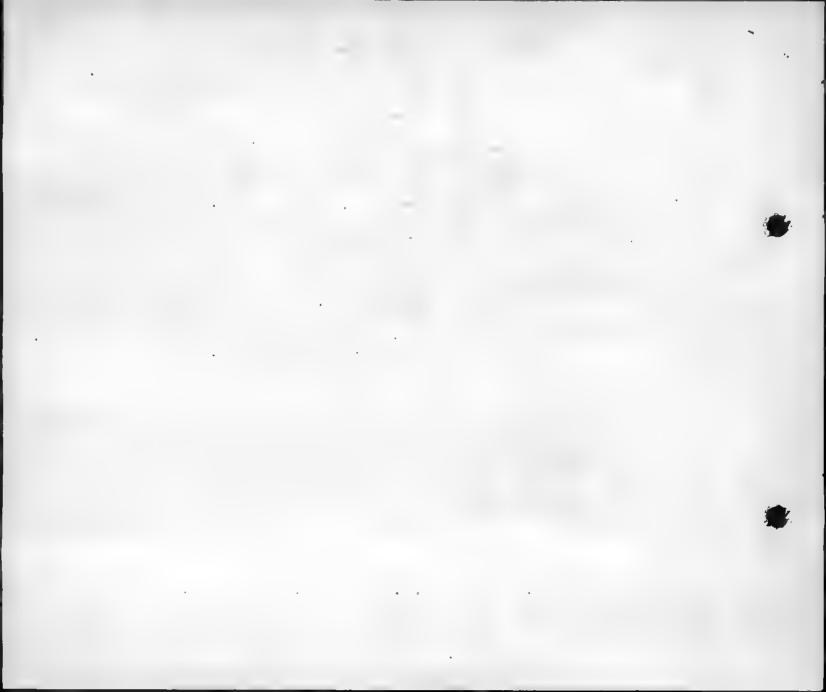
etely filled in by the funeral director, Pages I and 2 should be filed with

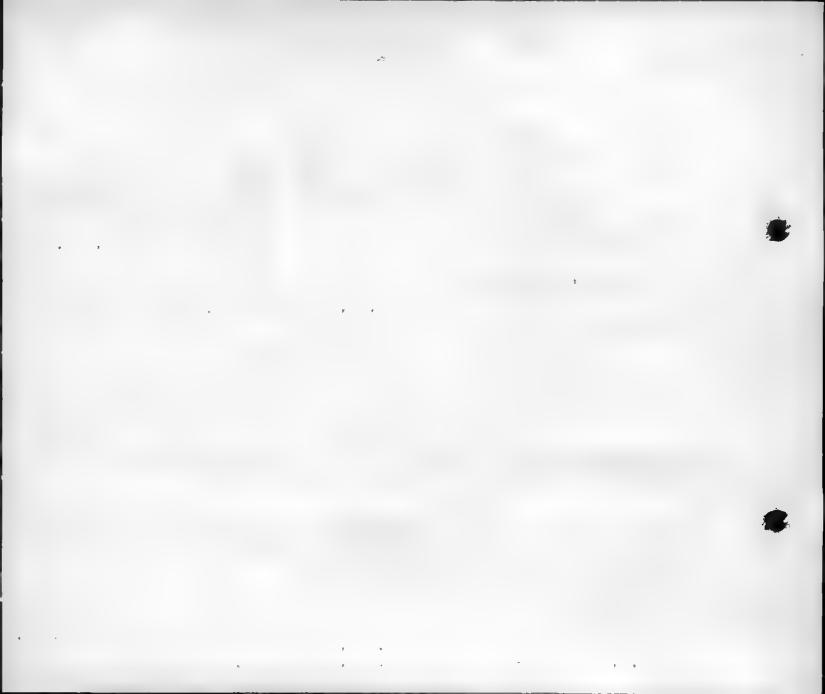


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9249 CERTIFICATE OF DEATH

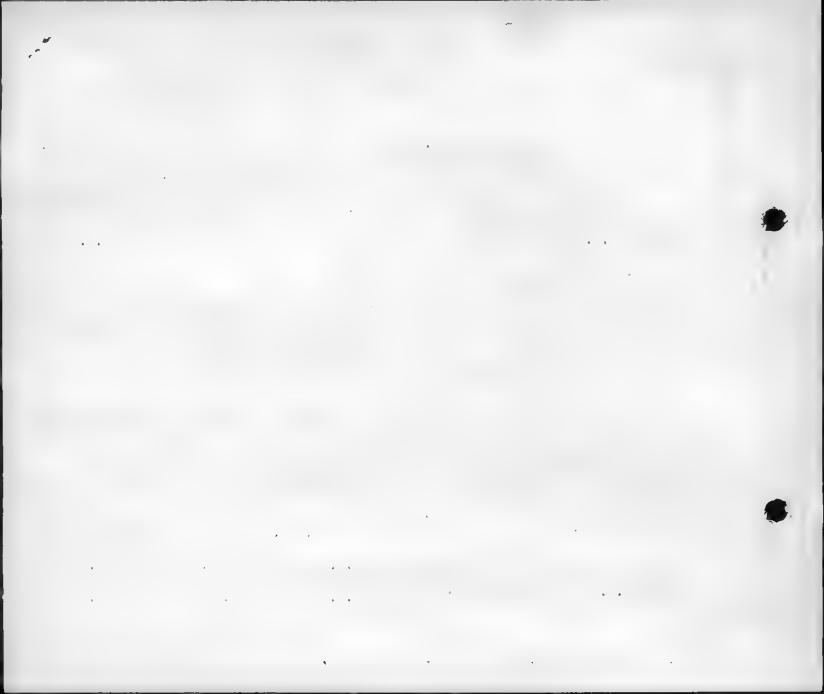
	0610			Reg. Dis	t, No.
	1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If institution- Residence	ta before admission)
	Montgomery	MARYLAND	Maryla	and b. COUNTY Montg	gomery
-	b. CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	Iside corporate limits, write RURAL and g	ive nearest town)
*	Kensington		X Kensington		
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
)	5304 Flanders Avenue		'5304 Flande	rs Avenue	YES NO Z
	3. NAME OF First DECEASED (Type or print) Victoria	Middle	GOFFREDO	4. DATE Month OF August	3 19 58
	5. SEX 6 COLOR OR RACE 7. MARRIE		B DATE OF BIRTH		1 YEAR IF UNDER 24 HRS
	Famale White WIDOWED		Apr. 15, 1895	9 AGE (In years IF UNDER last birthday) D3 yrs. Mgnths 1	Pers Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of	r foreign country) [12 CITI	ZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Housewife		- Italy	U	SA
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Francisco Iafolla		Angelina	Grasso	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI	OCIAL SECURITY NO. 17 II	NFORMANT	Address	
		2-58-2872 Ar	igelo G. Goffr	edo-Same Item #2-	husband
	18. CAUSE OF DEATH [Enter only one couse per line		uto con est: Lionary ecei		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: f' o 1	2-3 Hrs.			
	DUE TO CE	rcinona of	ton-ue with	cervical	
	Conditions, if ony, which ) (b) IV	moh node ne			3 Months
	gove rise to immediate DUE TO				
	lying couse last (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
	3				YES NO
	200. ACCIDENT WAS UNDERLYING (1) CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter nature of injury in Pa	rt 1 or Port II of item 18 ]	
	[ m ]	1 1	ACE OF INJURY [Home, form,	20f. (City or town) (C	aunly) (Slate)
	Hour a.m. While of work	Not while of work	tary, street, office bldg., etc.)		
	21. I certify that I attended the decease	d from August	3 1958 to Aus	qust 3 1958 that I le	ast saw the deceased
	alive on 41 ust 3 , 19 5			M, fram the causes and on th	a data stated above
		and mar deam		DDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE (MARCH /!)	Barne	acar.		
			71.P		
	PHYSICIAN'S Andrew J Bre	nnan, M.D.	4630 Montgo	omery Ave. Bethes	da, Md 8/4/5
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 2	2d. LOCATION (City town, or county)	(Stote)
	Burial (Specify) 8/7/48	Gate of Heav			aryland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D	BY REGISTRAR 246. PEGISTRARYS SIG	
	Robert A. Pumphrey-7557	Wis. Ave. Bet	hesda, Md	WG 6 '58 Wester	ine h





9251 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND Montgomery Virginia death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) should 38 days Bethesda (Rural Lindsay d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE OR INSTITUTION ON A FARM? Post Office Box 32 U.S. Naval Hospital, Bethesda, Md. YES NO NAME OF Middle 4. DATE Day Year DECEASED (Type ar print) Walter DEATH 1958 Horace GRAHAM August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months White June 1886 Male WIDOWED KI DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Marine Corps. Retired Arkansas U.S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George W. GRAHAM Mary HILL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW-I Unknown (Same As #2) Son. Walter Harry Graham CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item IB.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) o. m. Not while of work of work 21. I certify that I attended the deceased from 6 July 1958 to 13 August 1958 that I last saw the deceased \_\_\_, and that death occurred at 5:20A . M, from the causes and on the date stated above. Clevathan ADDRESS (Street, city or town, state) ACTUAL up U.S. Naval Hospital, Bethesda, Md. 8-13-58 SIGNATURI 3 should PHYSICIAN'S J.E. MC CLENATHAN, CDR, MC, USN U.S. Naval Hospital. Bethesda, Md. FUNER 220. BURIAL CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) Bur 18 (Specify) Arlington Nat'l Cemetery Arlington, Virginia o 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Wisconsin Ave., Bethesda, Md. DATE UG 1 : '5" Thur S. Traus 15M 10/57

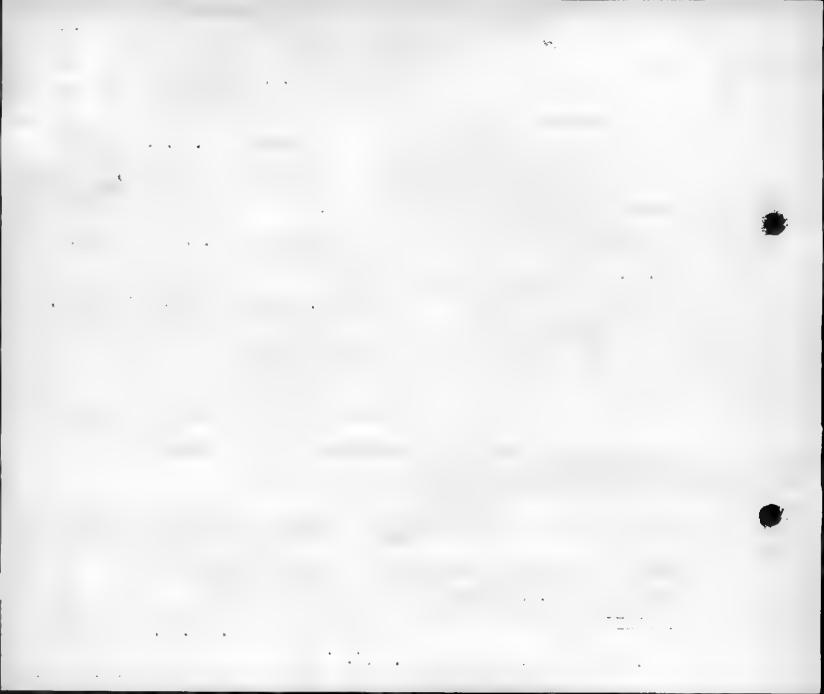
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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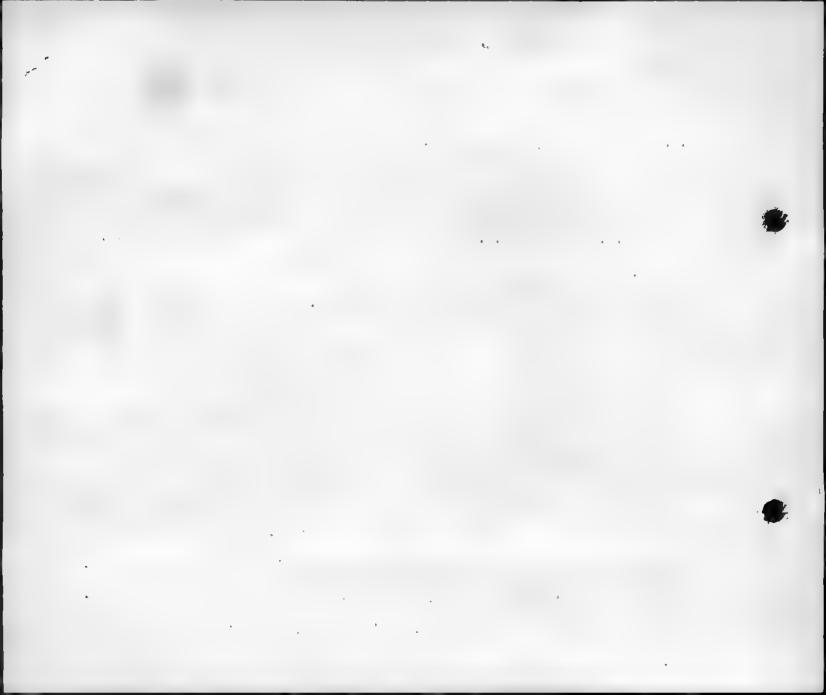
				CERT	IFICA	TE OF DEA	HTA			Reg.	Dist. No	).		
	1. PLACE OF DEATH o. COUNTY	ontgomer	7	MAR	YLAND	2. USUAL RESIDENCE G. STATE	E (Where	deceased	lived. If institut b. COUNTY		idence befo	re admiss	sion)	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
		rsburg				*	ia sh	ingt	ion		47	an .		
		AL (If not in hospital, g	jive street c	address)		d STREET ADDRESS e. IS RESIDENCE ON A FARM?								
	Marylande	r Home of	f Re	st		1817	Lam	ont	St. N.	W.			NO []	
	3. NAME OF DECEASED (Type or print)	Su		Middle Crossma		Gray		DATE OF DEATH	Augus		1.00	27	Yeor 58	
	5. SEX	6. COLOR OR RACE	-			DATE OF BIRTH					DER 1 YEAR	IE TIMPI		
	female	White	WIDOWE	_		lug 1,188	32	ľ	lost birthday)	Mont		Hours	Min	
1	100 USUAL OCCUPATIO	N /Give kind of week	dana 10h l					oreign cou	76 yrs	12.	CITIZEN	)F WHAT	COUNTRY	
	housewif	ing life, even it retired	)			Wash:						.A.	20014141	
1	13. FATHER'S NAME					14. MOTHER'S MAIL							*	
	Wm. D.	Crossman				Ida (	Cain							
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO		FORMANT				lress			_	
1					Geo	orge V. I	Menk	0,	Barn	7801	rille	, M	d.	
ı		TH [Enter only one co	use per/lin	e for (o), (b), and (c)	1 /	- / 1	0				INT	ERVAL BE	TWEEN	
I		TH WAS CAUSED BY: IMMEDIATE CAUSE (a	PR	your	dia	l tail	ung	2				M	W.	
ı	420.0	DUE TO	1	0,	_	. 0	110-	,	n			,		
	Conditions, if an		141	TEVIOSC	l era	fre !	xea	18	11.500	290	_ /	4	w.	
	couse (a), stating t		Car	1 2 cm ( : 2 .	1 1	Heriose/	/_					5-1		
	lying couse lost.	(c SR SIGNIFICANT CON	OEV	revuire	- a	n-eriosc/	eros	15	Sever	<u>L</u> ,		7	15.	
	OIL PART OF	racture.	JIIIONS CI	o C4	AIH BUI N	OT RELATED TO THE	PERMINAL	DISEASE	CONDITION GI	VEN IN I	PART 1(0) 1	PERFO	RMED?	
ı	200 ACCIDENT WAS		26h BESC	PIRE HOW INTERY O	CCUPPED	(Enter nature of injur	J / ~	J & Port I	It of Hom 18 1			YES [	NO D	
	OR CONTRIBUTING	CAUSE OF DEATH	100.0030	KINE HOTT HOOKE O	CGORNED.	true uniose or mior	y 111 ( U11	TOT FORT	ir or them ta.,					
ı	ZOc. TIME OF INJURY Hour o. m.	Month, Day, Yea		JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, try, street, office bldg.	form, 2	Of. (City o	or lown)		(County)		(State)	
	P. m.	19	While of work	Not while of wark	Idele	ry, sireer, office olog.	., etc.)							
I	21. I certify the	at I attended the	decease	d from	2	9. 19.58, to	120	uq	/ 195	that	L lost so	aw the	deceased	
Ì	alive on	ug.	, 12 <u>5</u>	and that	death o	occurred at 10	N	1, from	the causes					
ı	/	1/5	11	1131		-			et, city or town,		<b>~</b> .	D./	ATE SIGNED	
l	ACTUAL SIGNATURE	acural	e.h.	Rudu	edu.	D. 39	<u>35</u>	150	altimo	ne	<b>X</b> ~	8	12/5	
	PHYSICIAN'S Th	omas A.N.	.Hino	lman		Ke	usin	15 to	04.			M		
F	220. BURIAL CREMATION		F	22c NAME OF CEM	ETERY OR	CREMATORY	22d	LOCATIO	ON (Cily, Iown,	or Count	у)	(Stote	P)	
	BEWONN TOBERTAL	8/4/58		Cedar I	H111	Cemeter			Geo. Co				,	
-	23. FUNERAL DIRECTOR'S		000	ADDRESS	Wasi	D. C 240.	REC'D BY				SIGNATU			
L	The S.H.H	ines Co.	,290	L lith S	C. N.	DATE	AUG 4	'58	lee	er	uch			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
--

**CERTIFICATE OF DEATH** 

1	925	3	CERT	IFIC.	ATE OF	DEATH				Reg. Dis	t. No.	215	
1. PLACE OF DEATH					2. USUAL R	ESIDENCE (Whe	re decease			: Residenc	e before	admiss	(no)
o county Montgom	erv		MAR	RYLAND	o. STATE	Marylan	d	ь. сс	YTMU		1.	,	
b. CITY OR TOWN (If outside	corporole lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY (	R TOWN (If ou		orote limits,	vrite RU	RAL ond g	ive neare	st town	)
Bethesda (Rura	- 1		2 Davs		×	Kensing	ton						
d. NAME OF HOSP TAL (If n		jive street			d. STREE	T ADDRESS	,				e.		DENCE
U.S. Naval Hos	pital.	Bethe	esda, Md.		1	5003 Eu	clid	Drive					NO X
3. NAME OF	Fi		Middl	le .	Li	lost	4. DATE		Month		Day		Year
DECEASED (Type or print)	Edu	ard	Jam		HAC		OF DEATH	A	ugue		11		19 58
5. SEX   16 CO			TEDE NEVER MARE		B DATE OF B				_	FUNDER			
	ite	WIDOW				ril 190	08	9 AGE (In last birt) 50	day)	Months	Days	Hours	M'n.
100. USUAL OCCUPATION (GIV	s kind of work									12. CITI	ZEN OF	WHAT	COUNTRY
Mariner, U.S. N	even if retired	1 1	S. Navy			rio					S.		
13. FATHER'S NAME	<u> </u>		20 110.13			R'S MAIDEN NA	AME						
Harry G. HAGEN						phine N		Y					
15. WAS DECEASED EVER IN U.		CES2 114	SOCIAL SECURITY N	0   12	NFORMANT	Trans r		_	Addre				
(Yes. no. or unknown) (If yes, gr	re wor or dates of	ervice)	Unknown			s. Zena	Hear	en (Se			1		
					TIC) In	. B & 200110	1106	-11 (100	HILL I	70 11 6			
PART I. DEATH WA		_		m.							INTER'	VAL BE	DEATH
100X IMMER	IATE CAUSE (	- PM	EUMON	1 /-1							3	dA	75
1007	DUE TO			_	1 - 0	/		4 /			150	,	
Conditions, if ony, wh		175	ncheo-	E50	PHAY	243	F 1.5	701	14]		00/	MO	Nth.
gove rise to immedia cause (a), stating the und			10 to 15				. /						
lying cause lost			arci NO								2	<u> </u>	175
CATR	NIFICANT CON	IDITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMIN	IAL DISEAS	E CONDITIC	N GIVE	N IN PART	` '	PERFO	RMED?
20a. ACCIDENT WAS UNDO	RLYING I	20b. DES	RIBE HOW INJURY	OCCURRE	D. (Enter notur	e of injury in Po	ort I or Par	t II of item i	B.)				
	L EXAMINER]												
20c. TIME OF INJURY Mon	ih, Doy, Ye	ar 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJUR	Y (Home, form, fice bldg., etc.)	20f. (City	or town)		(C	ounty)		(Stale)
₹ p. m.	19	of work	Not while										
21. I certify that I o	Itended the	decease	ed from 9 Au	igust	. 19	8 to 11	Augu	st 1	, 58	that I le	ast sow	, the	decense
alive on 11 Augu		, 19			occurred	8:50P	M from	n the car	(At An	d on th	a data	. inc	d abau
			20					treet, city or			c duic		ATE SIGNE
ACTUAL SIGNATURE	re h	1. 9	Taylon	·la	us U.S	Naval	Hosp	ital.	Beth	nesda	. Md	. 8	-12-5
				6	M.D								
PHYSICIAN'S GEORGE	E W. TA	YLOR,	CDR,MC,U	SN	U.S	Naval	Hosp	ital,	Betl	nesda	, Md		
220 BURIAL, CREMATION, 226			22c NAME OF CEA					TION (City,				(State	
DEMONAL ISsential	14-58		Arlington					ngton			а	(31010	-)
22 EUNEPAL PIPERTON SAIGH		<i>u</i>	ADDRESS BE							RAR'S SIGI			
R.A. Pumphrey	Funera	Hom								- 0 4			



TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 etely filled in by the funeral director, a Pages I and 2 should be filed-with moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the attending physician and control bages 3 should be detached.

The page 3 should be detached.

9254

# CE

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE	. 18	0923
9254	CERTIFICATE OF DEATH	Reg. Dist. No.	(1020
	2 USHAL DESIDENCE (Where deceased lived. If insti	tution. Residence before	admission

1. PLACE OF DEATH COUNTY Montgome	ry		MARYLAND	2 t	SUAL RESIDENCE (WH STATE Virginia	nere decease	lived. If institution b. COUNTY		ce before	admission}		
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	(	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Bethesda			10 days		Gainesboro							
d. NAME OF HOSPITA	L (If not in haspital, g	ive street o	oddress)		d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?		
	ical Cente	r. Be	ethesda 14, Mo	il.	(none)					YES NO TO		
3. NAME OF DECEASED	Fir	57	* Middle		Last	4. DATE OF	Mon	th	Day	Yeor		
(Type or print)	Mar	3	Haines	DEATH	Augu	ıst	27,	1958				
5. SEX	6. COLOR OR RACE	7 MARR	IED 🜃 NEVER MARRIED 🔲	B DA	TE OF BIRTH		9 AGE (In years (ast birthday)	IF UNDER		UNDER 24 HRS		
Female	White	WIDOWE	D DIVORCED	J	uly 10, 19	18	ЦО уп.	Months	Doys	Hours Min.		
10a USUAL OCCUPATION	N (Give kind of work in ng life, even if retired	done 10b	KIND OF BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CIT	IZEN OF	WHAT COUNTRY		
Housewife			None		West Vi	rginia	3.		U. S	. A.		
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	IAME						
Robert Nix	on				Ethel M	ullin						
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFOR	MANT The Me	dical	Record	ress				
No	you was a down or o		ascertainable	Th	e Clinical				1. M	arvland		
Conditions, if on gove rise to im couse (o), stoting to lying couse lost	mediate DUE TO (c)  ER SIGNIFICANT CON  UNDERLYING  CAUSE OF DEATH	Cr. C.	ONTRIBUTING TO DEATH BU				E CONDITION GIV	Oria EN IN PAR	''	WAS AUTOPSY PERFORMED? (ES ) NO		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of work	Not while of work	actory,	F INJURY (Home, farm street, office bldg., etc.	)			County)	(State)		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  20. BURIAL CREMATION	gust 27  Leon G. Sm	., 12 eith,	M. D.	h acc	The Cl Nation Bethes	AM, from ADDRESS (So inical al Ins da 14		of He	he date	stated above. DATE SIGNED		
Burial-Trans:	it 8-29-58		Capon Chapel	Ce	metery	Hamps	hire Cou	nty,	W. Vi	lrginia		
23 FUNERAL DIRECTOR'S	SIGNATURE	_	Bethesche 7	mel	240. REC'I	D BY REGIST	RAR 246 REGIS	STRAR'S SIC	SNATURE			



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9255	CERTIFICATE	OF	DEATH	

## **CERTIFICATE OF DEATH**

09237

Reg. Dist. No.

1. PLACE OF DEATH 0 COUNTY				here deceased lived. If instit		before admissi	on)
Mon	tgomery	MARYLAND	a. STATE Dist	rict of Coff	Mia		
b. CITY OR TOWN (H RURAL and give ne	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corparate limits, writ	e RURAL and giv	re nearest town	,
Bethesda (		3 mos. 25 da	ws Wash:	ington	47x		
d. NAME OF HOSPIT	AL (If not in hospital, give street	et oddress)	d. STREET ADDRESS		7 7 7	e. 15 RESI	DENCE
U.S. Naval	Hoppital, Bet	hesda, Md.	2131	Yorktown Rd.	N.W.	_	NO Z
3. NAME OF DECEASED	First	Middle	Lost	4. DATE A	Aonth	Day Y	reor .
(Type or print)	John	(nmn)	HALLA	DEATH AL	gust	29 1	9 58
5. SEX	6. COLOR OR RACE 7. MA	RRIED 🖾 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (in year	IF UNDER 1	YEAR IF UNDE	
Male		WED DIVORCED	19 Sept. 18		Y) Months D	Days Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work dane 10)	b. KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZ	EN OF WHAT	COUNTRY
Mariner	U.	S.Marine Corps	New J	ersey		U.S.	
13 FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
Herman HALL	.Δ		Minnie MUCH				
15. WAS DECEASED EVER		6 SOCIAL SECURITY NO. 17	INFORMANT	,	Address		
	(If yes, give war or dates of service)	Jnknown (W	ife) Mrs. Bla	nche R. HALL/	\ (Same	As #2)	
			110 / 11100 1110				
	TH [Enter only one couse per TH WAS CAUSED BY:	line for (o), (b), ond (c).]	-6 - 1			ONSET AND	
10011.00	IMMEDIATE CAUSE (6)	CARILLONG CE	O J Engli	Q3#62		Lands	1 - 2
· ×	DUE TO		/				
Conditions, if or							
gove rise to in couse (a), stating t							
lying couse last.	(c)						
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART	1(o) 19. WAS A	UTOPSY
TX						PERFOR	NO K
E 200 ACCIDENT WA	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item IS.)			400
PART II. OTH  20g ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	MEDICAL EXAMINER)			·			
	Y Month, Day, Year 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY   Home, form	20f. (City or town)	IC.	ounty)	(Slote)
Hour o. m.	Whit	e Not white fo	ctory, street, office bldg., etc	.)	(00)	V.1.//	(5,0,2)
	01 41	ark of work	FQ 00	1	-17/		
21. I certify the	at I attended the decea	rsed from 4 May	, 19 58, to 29		20 that I la	ist saw the	deceased
alive on 28	August 19	58 , and that death	occurred at 4:30	$^{ m A}$ M, from the cause	s and an the	e date state	d abave
4	C. 11 /1	1 //		ADDRESS (Street, city or tow			TE SIGNED
ACTUAL SIGNATURE	16726 6	Techelikens	Mp. U.S. Naval	Hospital, Be	thesda,	, Md. 8	8-29-
PHYSICIAN'S GE	rald D. Faulki	ner, LT,MC,USN	U.S. Naval	Hospital, Be	ethesda,	, Md. 8-	-29-5
220 BURIAL CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, tow	D. or countyl	(Stote	
REMOVAL (Specify) Burial	9-2-58	Arlington Nat		Arlington,			,
23. FUNERAL DIRECTOR'S		ADDRESS		D DV DEGISTRAP 245 DE	GISTRAR'S SIGN		
		.N.W. Washingt	1	SEP 2 58	CHARAS SIGN		
Daha HIDES.	* SAAAT TARTEDE	* * II * M * MODITITIE (	JULY TO #   DATE	B-2-4-			



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

>		9256	CERTIFIC	ATE OF DEATH		Reg. Dist. No	
	1. P	LACE OF DEATH COUNTY MONTGONEKY	MARYLAND	2 USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY		ore admission)
		RURAL opts give neorgest town	E. LENGTH OF STAY IN 16	C CITY OR TOWN (IF OUT X . BETHE	side corporate limits, write F	URAL and give ne	grest town)
	C	d. NAME OF HOSPITAL (If not in hospital, give street as OR INSTITUTION BULL BALL	ldress)	d STREET ADDRESS	ALENDON	RD.	e is residence on a farm? Yes No &
		VAME OF PIECEASED Type or print)	ATHORINE	HamilTON !	OF DEATH HILL	ith D	7 1958
	5.5	ETHALE VIHITE WIDOWED	DIVORCED [	FOB 2 18	9 AGE (In years last birthday)	Months Days	Hours Min.
)		USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired)  Housewife	IND OF BUSINESS OR INDU	BALTO	- h)	12 CITIZEN O	J. F.
		FATHER'S NAME  ++CHMH	Λ	14 MOTHER'S MAIDEN NA	ME C. H		
	Yes,	WAS DECEASED EVER IN U. 5/ ARMED FORCES? 16 Se no or unknown) (If yes, give wor or dates of terrice) 57/	7 50 5 17 7	MFORMANT Son / dward O Hami	Add	up.ingh	am St. Ch
		18. CAUSE OF DEATH [Enter only one cause per lique PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	for (0). (b). and (c) ]	hal In	farct	INT	ERVAL BETWEEN SET AND DEATH 7 AUG.
		Conditions, if any, which ) (b)	tonose	Perote H	East Dis	enal 1	several
		gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO  (c)					year
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CO.	NEG MO	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION G	/EN IN PART 1(o)	PERFORMED? YES NO
		OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D (Enter nature of injury in Pa			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p. m. 19 White at work	Not while ta	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f (City or town)	(County)	(Stote)
		21. I certify that I attended the deceaser alive on May 7 195	from May	8 , 1958, to UL	M from the causes		aw the deceased
		ACTUAL Michel Dr.	Healy		Ton Clime		DATE SIGNED
		PHYSICIAN'S Michel M. Hea	ly T	Washington	Clinic, Wa	sh. D.	С.
	220 }	BURIAL CREMATION, 226 DATE THEREOF SEMOVAL (Specify) 8/9/58	Congressio		2d. LOCATION (City, lown, Washingto	<u> </u>	(Stote)
	23 F	WHERAL DIRECTOR'S SIGNATURE A. PLYMPHACLY, Hethers	da, "arylan		BY REGISTRAR 24b REGI	STRAR'S SIGNATU	RE



I

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09239

CERTIFICATE OF DEATH

92	3 4				•		Reg. Dis	it. No.	212	
1. PLACE OF DEATH g. COUNTY				USUAL RESIDENCE (Wh	ere decease		n: Residenc	te befare	odm ssi	on)
Montgomery		MARYL	AND	o. STATE Maryla:	nd	b. COUNTY	Montg	omer	У	
b CITY OR TOWN (If outside corporate limits	, write c. l	LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If o	utside corpo	prote limits, write Ri	JRAL ond g	ive near	est fown)	)
Bethesda (Rural)		22 hour	a	Rockville						
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	re street addre			d STREET ADDRESS	,		-	ė.	. IS RESII	DENCE
U. S. Naval Hospital,	Bethes	sda, Md.		325 Seth Pl	ace (					NO 🔀
3. NAME OF First		Middle		Lost	4. DATE	Moni	th	Day	Y	еог
(Type or print) Hugh	Go	roseclose		HARMON	OF DEATH	August		9		9 58
5. SEX   6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	9.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR I		
Male White	WIDOWED [	DIVORCED		2-2-12		last bisthday)	Months	Days	Haurs	Min
10a USUAL OCCUPATION (Give kind of work do	one 10b. KINE	D OF BUSINESS OR	INDUSTI	RY 11. 81RTHPLACE (State	ar fareign c	country)	12 CITI	ZEN OF	WHAT	COUNTRY
Foreman	Land	dscaping		Virginia			lτ	JSA		
13 FATHER'S NAME		10		14 MOTHER'S MAIDEN N	IAME					
Samuel T. HARMON				Ella MAE G	ROSEC	LOSE				
IS WAS DECEASED EVER IN U. S. ARMED FORCE		IAL SECURITY NO.	17. INF	ORMANT		Addr	ess			
[Yes no or unknown]   [If yes, give wor or dates of ser		-03-1511	Mrs	. Alice R. H	ARMAN	(Wife),	same	as #	/2 al	bove
18 CAUSE OF DEATH [Enter only one cou	se per line for	r (o), (b), and (c)	*					INTER	RVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	Then	marchael		submack say	5/			ONSE	TAND	DEATH
330X DUE TO	10-2		1	suharachna				6		
Conditions if you which t	0-	teriosch	2 - 0 -	* /				22	2 hou	waren.
gove rise to immediate DUE TO		3.74				* ***				
lying couse lost.										
	ITIONS CONT	FRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.		
CAT									PERFOR	
PART II. OTHER SIGNIFICANT COND  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE	HOW INJURY OC	CURRED	(Enter nature of injury in P	art I or Par	t II of item 18.)				32
					( )	$\Delta(I)$				
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		Y OCCURRED 2	Ge PLAC	E OF INJURY (Home, form,	20f. (Cit	y or town)	IC	ounly)		(State)
Hour o. m. 19	While of work	Not while	racto	ry, street, affice blidg., etc.	'					
21. I certify that I attended the a	deceased 6	from Alignis	± 8	10 58 to A11	osut.	9 10 58	Ab-4   1		. 45	4
alive an August 9				occurred at 6:55A						
dive on tragators	., 17	,,-, and mar c	Jeoin o			n trie causes a freet, city or town, :		ie date		d abave TE SIGNE
ACTUAL			**						8-9-	-
SIGNATURE	1 12	4	M.	D. U.S. Nav	ar no	Phyliphy I	TALKS		0-3	
DUACOLIVAIS _ LOS MANAGES	TITH L.T	MC USN		Bethesda	14. M	arvland				
220 SURIAL CREMATION   22b. DATE THEREOF		E NAME OF CEMET	ERY OR (			TION (City town, a	e county)		(Stote)	1
Burial 8-12-58	A	Forest Oa				thersburg		vlar		,
A / ELIA DA VENOCETA DE ESTABATION	01.11	ADDRESS	and a	240, REC'D		TRAP 246 BEGIS				/-
R. A. PUMPHREY FUNERAL BO	OME D	OCKVITTE	M	MAG	121	958 //	The second	, /	af	
LAB TUMENUM PUMUADAL DI	CHILD DA	AND THE STREET	IVIII a	2 5 7 7 7 7	B. F	10/10	1311 M 1111.	11	11 1	THE RICH

etely filled in by the funeral director, secs. Poges I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the how or attending physician.

TO FUNERAL DIRECTOR: Affire is certificate has been signed by the attending physician and or page 3 should be detached to use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, crematian, or removal, and in any event within 72 hours effect death.

VS A1S (4) 15M 10/S7



AUG 2 2

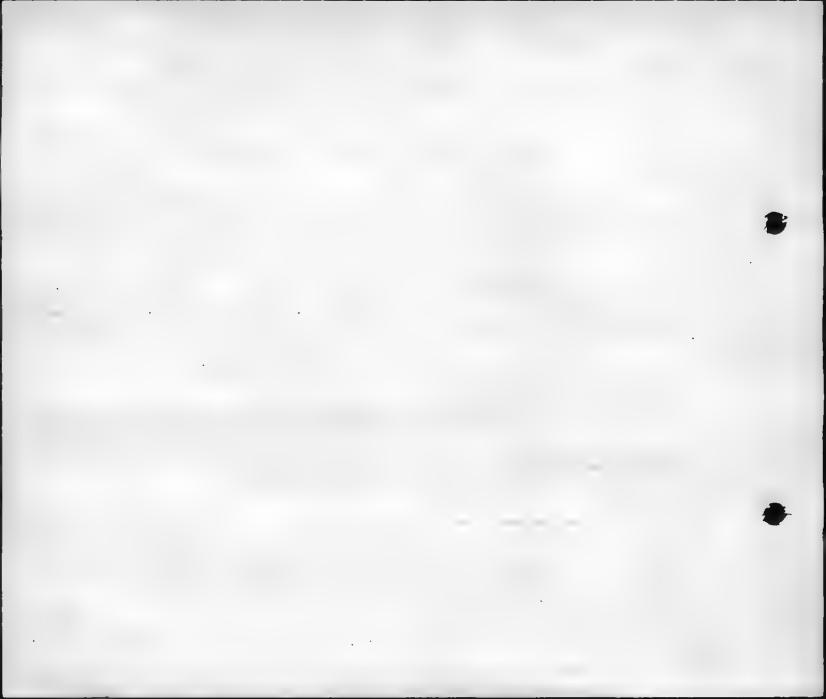
DATE

arthur S. House

VS A15 (4) 15M 9/55

death.

executed



-	100,000	9	2	4	1

FOR STATE		9258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
EALTH DERT.	2 /	*LACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)  5. COUNTY  6. COUNTY
. E 54		COUNTY COUNTY B. COUNTY B. COUNTY B.
Health.	b	CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest fown)
or your ford of H		and give regreat form)
		Butterda 107 San Cintonio - 1 80 X
Boord	e	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  on A FARM?
		9815 Singleton In 1916 Santa Barbara St YES NOB
deoth h	3, 1	NAME OF DECEASED A First Middle Lost 4. DATE Month Day Year
		Type or print) North & College Harris DEATH and 7 1958
die die	5. \$	EX. 6 COLOR OR RAC. 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In year) IF UNDER 14 AR IF UNDER 24 HPS.
5. T		Tenale Wilder WIDOWED DIVORCED D 3-2-1979 To yes. Months Days Hours Min
2 / 3	10a	JUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	- 1	Gring) most of working life, even if retired)
<u>c</u>		honoroxía Ky. 1.5.Ce
\$	13.	FATHER'S NAME
in a		T.H.Colgrove Tabitha ?
6		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address.
60		No Clare Harwood. Shew!
2.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
0		PART I, DEATH WAS CAUSED BY:
i di		11001
		Confidence of the DUE TO
į.		Conditions, if any, which by the course by t
		(a), stating the underlying DUE TO
	_	couse fort. (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
0	3	YES NO R
	RTIF	206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)
		CAUSE OF DEATH.
ā n	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (Caunty) (State)
	AED.	Hour o. m. While Not while factory, street, office bldg., etc.)
0110	~	
2		
n		opinion death resulted from: Natural causes [4], Accident [7], Suicide [7], Hamicide [7], Undetermined manner [7]
to		ACTUAL A DATE SIGNED
D D		SIGNATURE MALL J. MO CHIEF MEDICAL EXAMINER .
7)		EXAMINER'S PLA ALL TO ASSISTANT MEDICAL EXAMINER   0-7-50
		NAME (Type) FAM X 1. 13/03ch2-T DEPUTY MEDICAL EXAMINER 89
S	220	BURIAL, CREMATION 22b. DATE THEREOF TO CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
;		Burial 8-10-58 Salem Cemetery Albermarle, North Carolina

24a REC'D BY REGISTRAR

AUG 1 1 '58

24b-REGISTRAR'S SIGNATURE

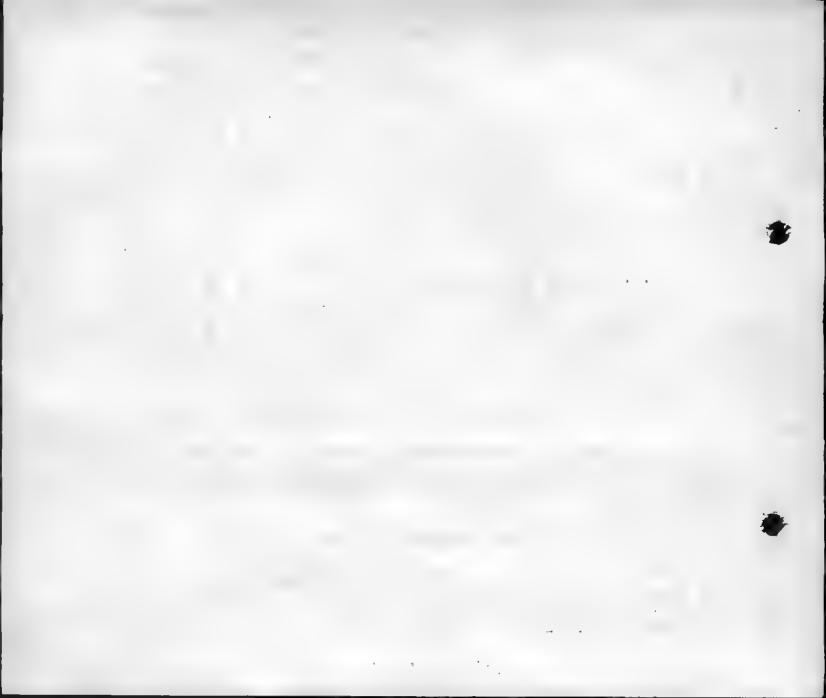
ADDRESS

3831-Ga.Ave.N.W.

execute the certificate.
4 should be farwarde.
TO FUNERAL DIRECTOR.
or its designated agent, p VS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

Timothy Hanlon



Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

may be retained by the haspital or attending physician.

\*\*\* TO FUNERAL DIRECTOR: Aff

\*\*\* Certificate has been signed by the attending physician and compared to the standard property of the property of the physician and compared to the property of the p

rely filled in by the funeral director, Pages 1 and 2 should be filed with

I

	ACE OF DEATH COUNTY					1	. USUAL RESIDENCE (Wh	ere deceased		n. Residence	before adm	ission)		
Montgomery							Maryland Sprinces decrees Montg							
Ь.	RURAL and give ne	outside corporate fimili orest town)	, write	L	H OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Bethesda		357	days	<u>II</u> Y	Weath Hypoth	SELECTION	Fairla	nd					
d.	OR INSTITUTION	AL (If not in hospital, gi		•	n1 242		d. STREET ADDRESS M	isgrov	e & Marl	ow Rds	ON	ESIDENCE A FARM?		
_		cal Center	, Be	thesd	a Lu, Md.	1	ACCOUNT ACCOUNT	Assessmen	9		YES	□ NO 🙀		
DI	AME OF	Firs	t		Middle		Last	4 DATE OF	Mont	h	Day	Year		
	ype or print)	Har			Douglas		Haynes	DEATH	Augu	st	22,	1958		
5. SE	Х	6. COLOR OR RACE	7. MARR	HED DE MEN	VER MARRIED	В.	DATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR IF UN			
	Male	T F A A rate for for	WIDOWI	_	DIVORCED [		May 7, 1909		119 yrs.		075 11001	S PAVIET.		
10a.	USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF B	USINESS OR INDU	JSTR	Y 11 BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?		
	Plumber_			Plu	mbing		Mary	land		1	J. S.	A .		
13. F/	ATHER'S NAME						14 MOTHER'S MAIDEN N	AME						
	Lewis F.	Haynes					Marg	aret S	Stanger					
		IN U. S. ARMED FOR		SOCIAL SEC	CURITY NO. 17.	INF	ORMANT The Med	ical I	Record Addr	ess		-		
γ1 es. ε	No or unknown) (	If yes, give wor or dates of se	· 1	577-0			he Clinical			da Th	Mary	ปลุกสั		
1		TH [Enter only one cou					<u> </u>	901100	DO WING	da III	INTERVAL			
		TH WAS CAUSED BY:	/	2 ,	myaciuc	4,,	of enfacts	· ·	or otherwise	14.	ONSET AN	ID DEATH		
		IMMEDIATE CAUSE (6)		Cuche	myercare	7/6	ce - rejocce in	, n. C	ot miniett a	1 11 54/	197102	3 minute		
	G-4	DUE TO	,	/ 1			1 - 1 - 1 -							
	Conditions, if or gove rise to in			14 DONA	tensive ec	52 (	doversidad	Cle	FC = 20		10 y	ears		
	couse (o), stoting (													
I _ L:	lying couse lost.	) (c)									<u> </u>			
Į Š	PART II. OTH	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTI	NG TO DEATH BUT	TNO	OT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIVE	EN IN PART 1	(o) 19. WA	S AUTOPSY FORMED?		
3		History a	4	CE 785	ral thro	200	160515					NO []		
CERTIFICATION	00. ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DES	CRIBE HOW	INJURY OCCURRE	Ð. (	(Enter noture of injury in P	ort I or Part	Il of item 18.)					
5 0	IF EITHER, NOTIFY	MEDICAL EXAMINER												
MEDICAL	Oc TIME OF INJURY Hour o. m.	Month, Doy, Yea		VURY OCC		LACI	OF INJURY (Home, form,	20f. [City	or lown)	(Co	unty)	(Slote)		
WED	p. m.	19	While of work	k ol wo	THITE	pc101	y, since, onke didg., etc.	'i						
7	I I contifu the	at I attended the	dococs	ad fram	Septembe	r	9, 19 57, to A	ugust	22 , 158	41-4-1-1-				
		cust 22	195	0			ccurred at7:35	P		,,rnai i ia	si saw in	e aeceasea		
l l'	live on	7	-, 192	ž, (	and that death	1 a		±M, from	the causes a	nd an the	date sto	ited above.		
l I.	CTUAL	mr. 91	11_	(	7				reel, city or town, :	liote)	0.10	DATE SIGNED		
	GNATURE	www.T.	120	man		, M.					8/2	4/58		
l l	HYSICIAN'S				_		Nationa		citutes o	f Heal	Lth			
	(AME (Type)	Alan F. I	lofte	inn, 🗈	I.D.		Bethesd	a 14,	Maryland					
	BURIAL, CREMATION	V. 226. DATE THEREOF		22c NAM	E OF CEMETERY C	OR C	REMATORY	22d LOCAT	ION (City, town, o	r county)	(S1	ote)		
	Surial	Aug. 27.	1958	Ford	Lincoln	1	Cemoteru	Princ	e George	te Cor	intar	ма		
23 FL	INERAL DIRECTOR	SIGNATURE		ADDR			240 REC'E	BY REGIST		TRAR'S SIGN				
de	titule (	3. Humpy	سعد	Sil	lver Spri	n,	g, Md. DATE AL	UG 2 6 '	58 C.	viner &	Thanks.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	-09
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Ban Dist	8.6 m

FOR STATE		3190 MEDICAL EVAMINER 2 CE	Reg. Dist. No.
EALTH DEPT.			SUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
90 2		Montgomery Maryland o.	STATE Maryland b. COUNTY Montgomery
Hiles.	Ь		CITY OR TOWN (If autside corporate limits, write RURAL and give neorest lown)
कें कें		Takoma Park	Takoma Park
م مر	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d.	STREET ADDRESS  e IS RESIDEN E ON A FARM
70		8627 Flower Avenue	8627 Flower Avenue
tote coth		NAME OF First Middle	Lost 4. DATE Manth Day Year
0.0			CISEY DEATH August 19 19 58
, o	5. 5	SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 H'SS
\$ 500		Male White WIDOWED DIVORCED A	pril 24, 1901 57 7 Manths 25 Hours Min.
	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during mast af working life, even if retired)	BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		Haberdashery	Pennsylvania US
	13.	B. FATHER'S NAME	OTHER'S MAIDEN NAME
		Edward Heisey	Ella Erbb
-/		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORM.	
		No   265-12-7299 Ruth	P. Heisey-Item #2
.E. 0		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ]	INTERVAL BELWEEN ONSET AND DEATH
6		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) _ Corona OC	clusion. 10 mm
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	0
Ē		Conditions, it ony, which) (b) arteres Se	lensis
		gave rise to immediate cause (o), stating the underlying DUE TO	
		cause lait.	
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO
	CERTIFI	20o. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	ture of injury in Part I or Part II of item 18 )
	3	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF I	INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Haur a.m. While Not white sectory, street of work of work	pel, affice bldg., etc.)
		21. I certify that I took charge of the remains described above, he	eld an Autapsy . Inspection . Inquiry . and in my
		As a second	Suicide , Hamicide , Undetermined manner
		To a	overed
		ACTUAL SIGNATURE SIGNATURE SIGNATURE A.D. M.D.	CHIEF MEDICAL EXAMINER
2		M.D.	ASSISTANT MEDICAL EXAMINER [] 19 aug 1938
-		EXAMINER'S John G. Ball	DEPUTY MEDICAL EXAMINER
	220	0. BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMA	STORY 22d. LOCATION (City, town, or county) (Stote)
		Burian 8/22/58 Kraybill Com.	Mt. Joy, Pennsylvania
	23.	, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		Robert A Pumbross Rotherde Manualand	DATE

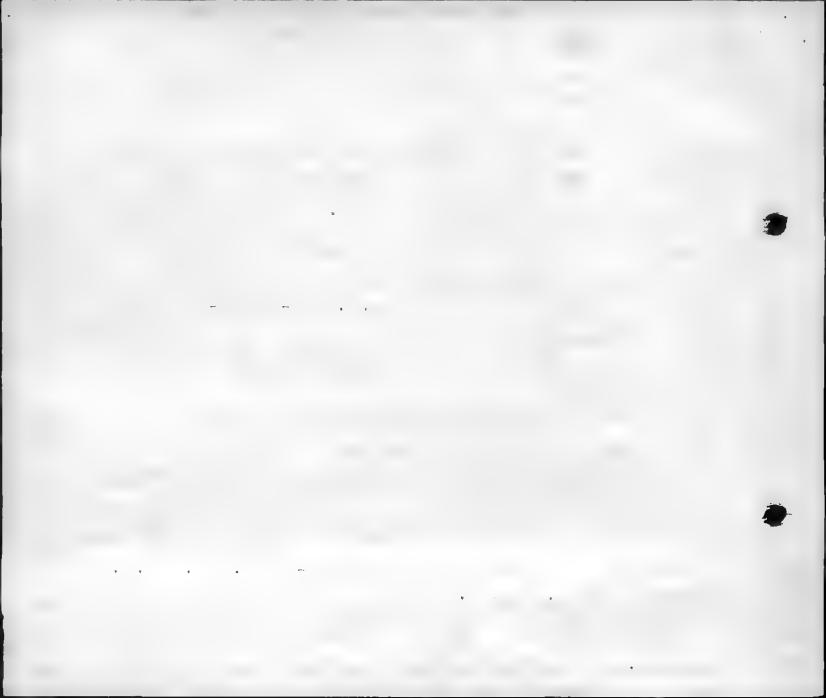
VS. / 5M 2/5 e

	9260		CERTIF	ICA	TE OF DE	ATH	1		Reg. Dist	No.	
1. PLACE OF DEATH  •. COUNTY  Mon	tgomerv		MARYLA	ND	2. USUAL RESIDEN o. STATE  Ma	vce (Wh	_	ived. If institute b. COUNTY	on: Residence		nission)
b. CITY OR TOWN (IF RURAL and give ne Bethesda	outside corporate limi arest town)		c. LENGTH OF STAY IN	16		WN (If o	outside corporo	e limits, write R		- 67	own)
d. NAME OF HOSPITY OR INSTITUTION 9703 Ced		jive street d	oddress)		d STREET ADD		dar Lan	8			RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	CHARLES		Middle LOUIS		HELMLIN	Æ	4. DATE OF DEATH	Augus		Doy 17	Yeor 19 59
5. SEX Male	White	WIDOWE			Sept. 10		870	AGE (in years lost birthday) 87 yrs.		YEAR IF UN	NDER 24 HRS.
Teacher	N (Give kind of work ing life, even if retired	)	kind of Business or i Professor	INDUST	_	E (Stote	or foreign covi	ntry)	12. CITIZ		HAT COUNTRY
	ppe Helmli				14. MOTHER'S MA			Nipper	t		
15. WAS DECEASED EVER (Yes, no. or unknown) [1]	R IN U. S. ARMED FOR If yet, give war or dates of s Reserve	CES? 16. !	None		formant 5. F. Smi	th-c	daughte	Addı r-same a			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO The property of t	jo- 1.	e for (o), (b), and (c).] Heart Centricula	19	disco	tia	tion	774-17-26-1		INTERVAL ONSET AI	BETWEEN ND DEATH
CATI			ONTRIBUTING TO DEATH						EN IN PART	PER	AS AUTOPSY REORMED?
		,	JURY OCCURRED 20		(Enter noture of in				10		
20c. TIME OF INJURY	197	While Out work	Not while	focto	ory, street, office bl	ldg., etc.	-)			ounty)	(Stole)
21. I certify the alive on	ot I attended the	, 12	od from Assa		, 19_ <u>5_7,</u> occurred at	230	M, from ADDRESS (Street	et, city or town,	nd on the	e date st	ne decease ated above DATE SIGNE
PHYSICIAN'S RINAME (Type) R	obert E. M			M		-T01	on Sta	N. W. Wa	1511 e D		·/ ± (/ 2 9
220. BURIAL, CREMATION REMOVAL (Specify) Cremation	8/22/58		22c. NAME OF CEMETE Cedar Hil		rematory		Sui	N (City, town, o tland, I	Maryla	nd	itate)
23. FUNERAL DIRECTOR'S		Rathe	ADDRESS sda. Marvla	nd	1		D BY REGISTRA AUG 2 1 '		TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After the serificate has been signed by the attending physician and the letter filled in by the funeral director, page 3 should be detached to use as the burial-transit permit. Then please remove carbon profits. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours prior death. VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	<b>OF</b>	HEALTH-BALTIMORE,	18
9261			•	
Y/h				

**CERTIFICATE OF DEATH** 

8 Ú9245

											110 81. 0	1011 110.		
	1. [	PLACE OF DEATH			MARYLAN	- 11 /	. STATE	_		l lived. If institution b. COUN		nce befor	e admissio	on)
	-	b. CITY OR TOWN (If outside	corporate limits	write c IENGT	H OF STAY IN 1		Pennsy			rote limits, write	PITPAL and		enst town)	,
	١.	RURAL and give nearest tov	~n)			"        '	c. Citi Oici		nisioe corpo	role limits, write	THURAL DIO	give neo	resi lown)	V
		<u>Bethesda</u>		60 (	days		Mount				1	* 3		
	}	d. NAME OF HOSPITAL (If no OR INSTITUTION	it in hospital, give	street oddress)			d. STREET AD	DRESS					e. IS RESIE ON A I	
٠,		The Clinical (	Center. I	Bethesda	14. Md.		R. D.	#2					YES 🗌	
	3	NAME OF	First		Middle		Lost		4 DATE	М	onth	Day	y Yo	ear
		DECEASED (Type or print)	ouglas		Lee		Heple	370	OF DEATH	Augu	et.	11	31	9 58
	5. 5			MARRIED N		1 B D/	TE OF BIRTH			9 AGE (In year		- O'Barilo	IF UNDER	
	١,	Male W		IDOWED	DIVORCED [	111	Octob	0m 10	01.0	lost birthdoy	1110111111	Days	Hours	Min.
									36			TIZENI O	E MALLAT /	COUNTRY?
		USUAL OCCUPATION (Give during most of working life,	even if retired)		DO3114E33 OK 114	DUSIKI				,,,,,				-001411617
1		None		None				sylva				U.S.A	1, 0	
- [		FATHER'S NAME				14	. MOTHER S							
		Charles Hepler	r				Anna	Ruth	Nolt					
	15, (You	WAS DECEASED EVER IN U. 1	S. ARMED FORCES  wor or dates of service	7 16 SOCIAL SE	CURITY NO. 17	. INFOR	MANT Th	e Med	lical	Record^	dress			
		no		None		The	Clinic	al Ce	enter.	Bethes	da 14.	Mar	rylan	d
		IB. CAUSE OF DEATH [En	ter only one cause	per line for (o),	(b), and (c). [/)				1			INTE	RVAL BET	WEEN
		PART I. DEATH WAS	CAUSED BY.	2 th	- Lu	un Me	cutu	' 7	Pour lu	en ia		ONS	ET AND	DEATH
		13 % IMMED	DUE-TO-	0.00	4	1	7-	V	<u> </u>	-771100			-	
		Conditions, if ony, which		( late	femme	ire,	1. Mi	en les		ocat L	2 '		4.6	Pl Com
		gove rise to immedia	te (10)	- 00000	Λ .		V //K	יין דיני	escare.	10117			10	7
		couse (a), stating the unde	DELTO-	Gine		h	ule de	0	home	/ /		_	-4	den
	z	lying couse lost.	, (c)		CA(1)		- G-CN	<u> </u>	O P	my				-7_
	CERTIFICATION	PART II. OTHER SIGN	IFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH I	ION TUE	RELATED TO	THETERMIN	NAL DISEASI	E CONDITION (	SIVEN IN PAI	RT 1(o) 15	9. WAS AI PEREOR	
	Š												YES 🕒	NO 🗌
	811F	200. ACCIDENT WAS UNDER	RLYING [] 201 SE OF DEATH	b. DESCRIBE HOV	V INJURY OCCUI	RRED (En	ter nature of	injury in P	ort I or Pari	I I of item 1B )				
		(IF EITHER, NOTIFY MEDICA	L EXAMINER)											
	WEDICAL	20c. TIME OF INJURY Mont		20d. INJURY OC		PLACE C	OF INJURY (H street, office	lome, form,	20f. (City	or iown)	1	(County)		(State)
	WED	Hour o.m.	19	While Not to		raciory,	areer, urnee	olog., etc.,	1					
		21. I certify that I at	Social the de		June 12	1	10 E8	4= Ax	imiet	11 19.5	8	1	-1	
		clive on August	11		and that dec		., 17.29.,	8 35 P	RANA.	-H-1 19.2	Salinat I	last sa	w the c	deceased
		dive on August		19.29.,.,	and that dec	oth acc	urred at_					the dot		
		ACTUAL A	1) &	1			m. a:			reel, city or tow		0/	DA   コウ/ご	TE SIGNED
П		SIGNATURE LL	ne /	Jarres	<u> </u>	M.D	The U	inic	al Ken	ecter Ce	nter	0/	TC/2	U 
Į.		PHYSICIAN'S												
		NAME (Type) LEONAR	D GARREN	M.D.		representation and the second	Bethe	da 1	, Mar	yland				
	220		DATE THEREOF	22c. NAI	ME OF CEMETERY	OR CRE	MATORY		22d LOCAT	ION (City, town	, or county)		(Stole)	
	I	BIMPAN (Specify) 8/	14/58		Silver	Spri	ng		Lanc	aster	Penr	sylv	ania	
	23	FUNERAL DIRECTOR'S SIGNA		ADD	RESS				BY REGIST		SISTRAR'S SI	GNATUR	ŧΕ	
		Robert A. Pur	phrey 7	'557 Wisc	Ave Be	th M	d	DAAUG '	1 4.58	an	Chur S. 1	traud		





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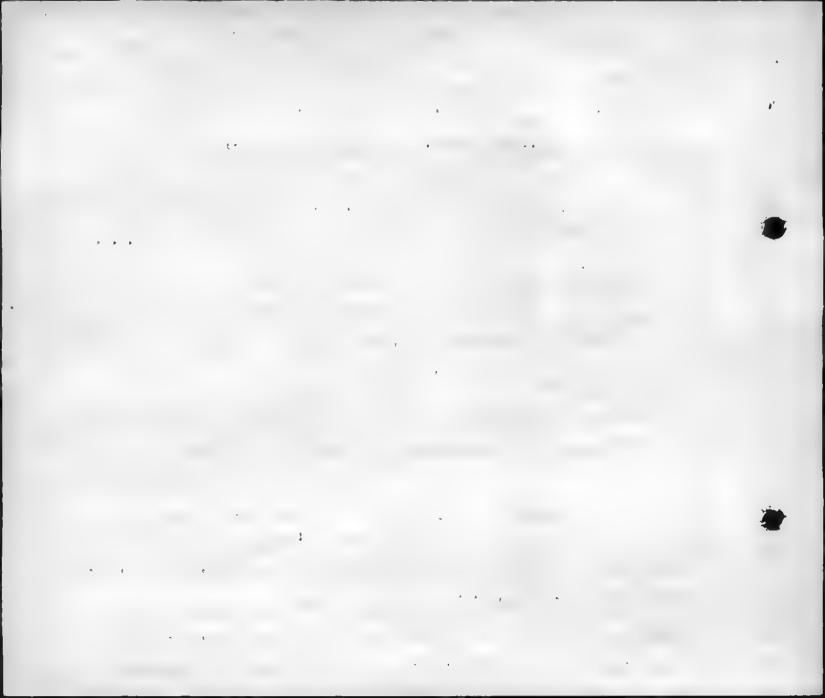
9403					Reg	g. Dist. No.	
1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDE	NCE (Where dec	ased lived. b	If institution Re.	esidence before ontgomer	admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethe 5da,	6. LENGTH OF STAY IN 16	H ZN	WN (If outside c	•	ils, write RURAL	and give neare:	al town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 5707 Glenwood Rd., Bet		d. STREET AD	oress enwood R	d.,			IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First DECEASED (Type or print) Minnie	Middle Adelia	Hillma	4. DA OF DE	ге атн А1	Month agust	23 <sup>Day</sup>	1958
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	Dec. 13,	1872	9. AGE lost	4 1 1 1		UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	None	Stowe	E (Slote or forei	n country)		U.S.A.	WHAT COUNTRY?
Joseph Douglas		14. MOTHER'S A	Monroe				
{Yes, no or unknown} (If yes, give wor or dates of service)		INFORMANT elen Hill	nan Stah	1 570	Address 7 Glenw	rood Rd.	, Beth., M
18. CAUSE OF DEATH [Enter only one couse per till PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).  15 / X DUE TO	ne for (o), (b), and (c).]	abdominal				INTERV	AL BETWEEN AND DEATH MONTHS
	rcinoma, stoma	ch				2	years
PART IL OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO 1	HE TERMINAL DIS	EASE CONE	ITION GIVEN IN		WAS AUTOPSY PERFORMED? ES NO A
	CRIBE HOW INJURY OCCURRE	ED. (Enler nature of	njury in Port I or	Port II of it	em 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. jt. While p. m. 19	Not while fo	ACE OF INJURY (Hostory, street, office I		City or tow	n)	(County)	(Stote)
ACTUAL SIGNATURE ROLL & C. C.	58 , and that death	occurred at		rom the (Street, cit	causes and o	on the date	DATE SIGNED
PHYSICIAN'S Robert G. Angle,  NAME (Type) Robert G. Angle,  220- BURIAL CREMATION. 226- PATE THEREOF REMOVAL (Specify) 8/23/58	M • D • 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LC	CATION (C	ity, town, or cou	nly]	(Stote)
Cremation 8/23/58  Cremation 8/23/58  23. FUNERAL DIRECTOR'S SIGNATURE	Cedar Hill			tland			
Robert A. Pumphrey-Bet		1	ATE AUG 2 5			& Hand	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR:

His certificate has been signed by the ottending physician and plately filled in by the funeral director, page 3 should be detach.

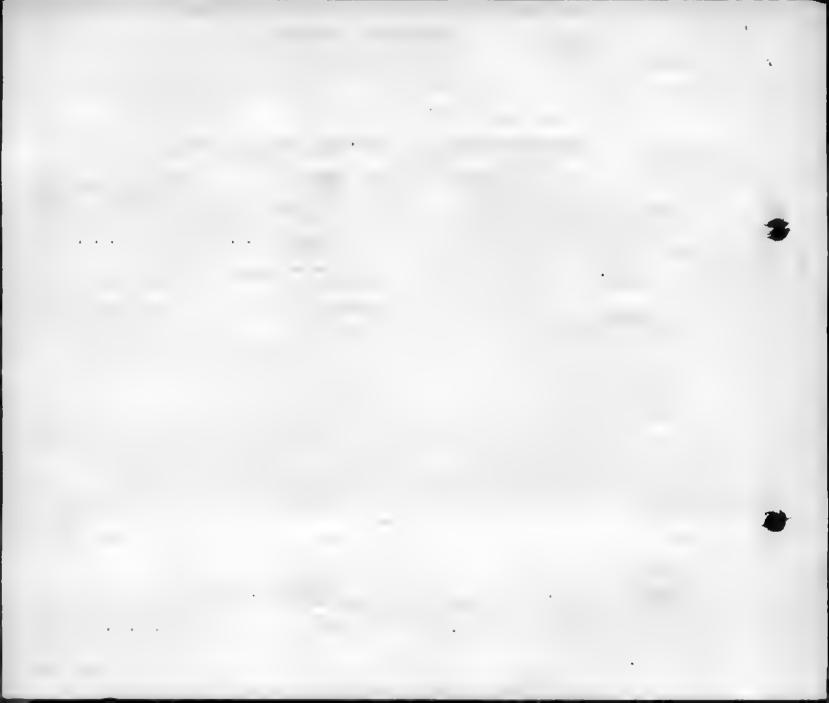
The funeral physician are so the burial-transit permit. Then please remove carbon permit. Pages 1 and 2 should be filled with the registrar prior to burial, themson, or removal, and in any event within 72 bours and death. VS A15 (4) 15M 9/55



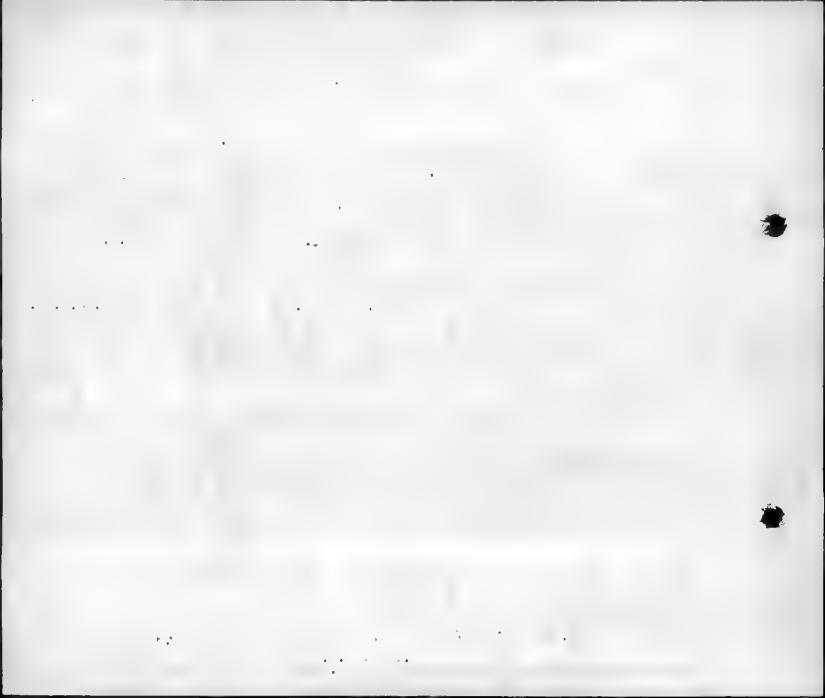
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	s has been signed by	I-transit permit. T	moval, and in any even	
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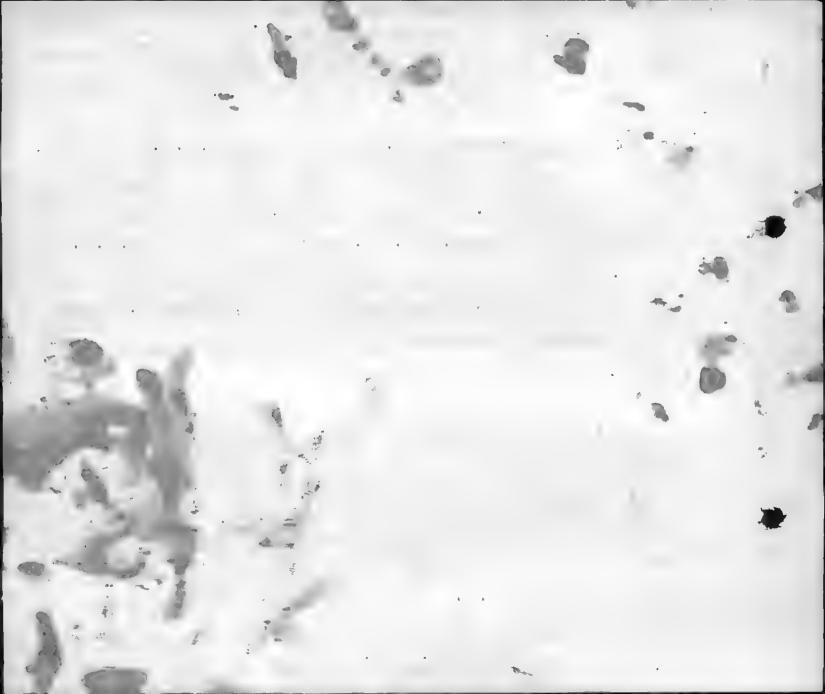
9264	CERTI	FICATE OF	DEAT	H		Reg. Dist.	No.	
1. PLACE OF DEATH COUNTY Montgomery	MARY	AND 2. USUAL I	esidence (v Maryl	Where decessed	lived. If institution b. COUNTY	Montgo	mery	ssion)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  Bethesda	1 hour		ville	outside corpor	ote limits, write R	URAL and give	nearest law	rn)
d, NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Suburban		11/	T ADDRESS  8 - Da	rnstow	n Road		ON.	SIDENCE A FARM? NO []
3. NAME OF First DECEASED (Type or print) Catherin			nes	4. DATE OF DEATH	Mon Augus		Day .6	Yeor 19 5
Female White w	MARRIED NEVER MARRIE	□ July	19, 19	22	9. AGE (In years lost birthday)  36 yrs.	Months 29	Hours	Min,
10c. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) NONE 13. FATHER'S NAME	e 106. KIND OF BUSINESS OF	Was	hingto	on, D.C.			I.S.A.	T COUNTI
John L. Hines  15 WAS DECEASED EVER IN U. S. ARMED FORCES	2 ly cochi eccuery io	Cath		Rhodes	Adde			
NO [198, give wor or dotal of service.	None	Catherin			A001	As ab		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).	/	, Em				INTERVAL B	D DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO	John S	d'escesion	c?	, ,			2 d	y.
lying couse lost (c)_	IONS CONTRIBUTING TO DEA			MINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OF	CURRED (Enter notu	re of injury in	n Port I or Port	II of item 18 )			
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.	20d INJURY OCCURRED While Not while of work at work	20e PLACE OF INJU factory, street, o	RY (Home, for ffice bldg., e	rm, 20f. (City	or town)	(Cou	nly)	(Stole
21. I certify that I attended the dealive on	1	death accurred		AM, from			date stat	
PHYSICIAN'S Stephen N. Jon					aryland			
220 BURIAL, CREMATION, 226 DATE THEREOF BUT1a1 8/19/48		et Cemete:	C.A.	W	ion (City, town, o ashingto	n, D. (		ite)
23. funeral director's signature Robert A. Pumphrey Be	ADDRESS ethesda, Maryl	and		G 1 9 '58		wa S. Ha		



1	1.	PLACE OF DEATH g. COUNTY	ontwomery			MARYLAND	II A STATE	SIDENCE (Wh	ere decease	d lived. If institut b. COUNTY		ce before	
		RURAL and give r	(If outside corporate liminerest lown)  evy Chase	its, write	c. LENGTH (	OF STAY IN 16	x city of			rote limits, write l			32
UU			ITAL (If not in hospital, a	give street o	oddress)		d. STREET	ADDRESS					IS RESID
		NAME OF DECEASED (Type or print)	Fin Trans	al		Middle تار خ		lost LD	4. DATE OF DEATH	Mo	-	175	Ye
		Tendle	6. COLOR OR RACE	WIDOWED	0 📋 [	R MARRIED	1 1	432006		9. AGE (In years lost birthdoy) 72 yrs.	Months		
_		Prisewife	ON (Give kind of work rking life, even if retired	done 10b. K	KIND OF BUS	SINESS OR IND		PLACE (State of	or foreign c	ountry)		IZEN OF	WHAT C
1)	1	Tenry Tho	mas Buckle	Hoye				er himo		ay			
	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	CES? 16. S	SOCIAL SECU	RITY NO. 17.	INFORMANT				lress	,	
		PART I. DE	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO any, which )		for (o), b),	e M	MOCOL MOCOL	n w.car	Seed The seed of t	ala,	9W	INTERVONSET	AND D
		PART I. DE,  Canditions, if a gove rise to couse (o), stoling lying couse last.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO DIE TO DIE TO DIE TO The under (c)  (c)	Car	Levic	e M	MOCO MACO	uasec valial	معط	landi	9W-	INTERVONSET CL	A.S.
3	ICATION	Canditions, if a gove rise to couse (o), stoling lying couse lost.  PART II. OT	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  any, which immediate the under to  HER SIGNIFICANT CON	DITIONS CO	LEMO	G TO DEATH BU		HAIOL USSC	NAL DISEASE	CONDITION GR	SW-	Que T 1(o) 19.	WAS U
ý	CERTIFICA	PART I. DE,  Conditions, if c gove rise lo couse {o}, stoling lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO DUE TO DUE TO TO THE UNDER CON TO CAUSE OF DEATH OF MEDICAL EXAMINER)	DITIONS CO	ONTRIBUTING	G TO DEATH BL	RED. (Enter nature	HAIOL TO THE TERMIN	NAL DISEASE	CONDITION GIV	SW.	Que T 1(o) 19.	AND DE
`}	MEDICAL CERTIFICATION	PART I. DE,  Conditions, if c gove rise lo couse {o}, stoling lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  any, which immediate the under to  HER SIGNIFICANT CON	206. DESCRIPTIONS CO.	LEMO	G TO DEATH BUTTER OCCURRED 20e. 1		TO THE TERMIN	NAL DISEASI	CONDITION GIV		Que T 1(o) 19.	WAS U
•	CERTIFICA	PART I. DE,  Conditions, if c gove rise to couse {o}, stoling lying couse lost,  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI Hour G. J. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO COMMENT TO THE TO AS UNDERLYING	206. DESCRIPTIONS CO.	ONTRIBUTING RIBE HOW IN UJURY OCCUR Not white of work	G TO DEATH BL	PLACE OF INJURY octory, street, offi	TO THE TERMIN TO THE TERMIN of injury in P	NAL DISEASE ort I or Parl	CONDITION GR	,thot 1 i	T 1(a) 19.	WAS U
	CERTIFICA	Conditions, if of gove rise to couse (o), stoling lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIEY  20c. TIME OF INJUIT HOUR B. J. D. m.  21. I certify	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO DUE TO DUE TO DUE TO THE Under: HER SIGNIFICANT CON  AS UNDERLYING  GO CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye- 19	20b. DESCRIPTIONS CO.	ONTRIBUTING RIBE HOW IN UJURY OCCUR Not white of work	G TO DEATH BL	RED. (Enter nature	TO THE TERMIN TO THE TERMIN of injury in P	NAL DISEASE ort L or Park	CONDITION GR	,thot 1 i	T 1(a) 19.	WAS U
	MEDICAL CERTIFICA	PART I. DE,  Conditions, if of gove rise to couse (o), stoling lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY)  200. TIME OF INJUIT Hour a. j., p. m.  21. I certify alive an	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO DUE TO DUE TO DUE TO THE Under: HER SIGNIFICANT CON  AS UNDERLYING  GO CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye- 19	206. DESCRIPTIONS CO.  206. DESCRIPTIONS CO.  206. INJ. While of work decease.	ONTRIBUTING RIBE HOW IN BURY OCCUR Not white of work	G TO DEATH BL	PLACE OF INJURY octory, street, offi	TO THE TERMIN	NAL DISEASE ort I or Pari	CONDITION GIVEN TO TOWN)  The causes of	2, that I is	T 1(a) 19.	WAS JU



death.



### MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMORE 18

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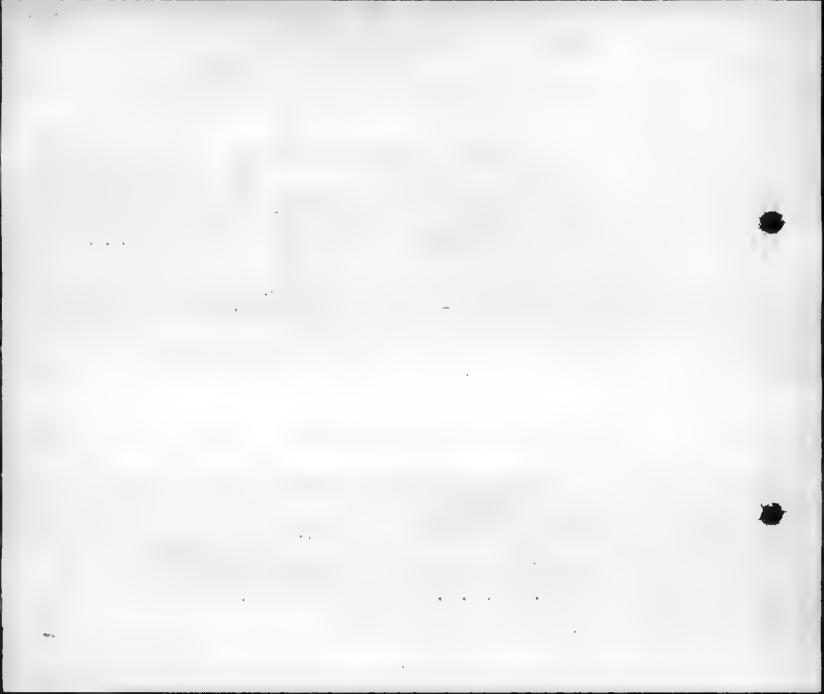
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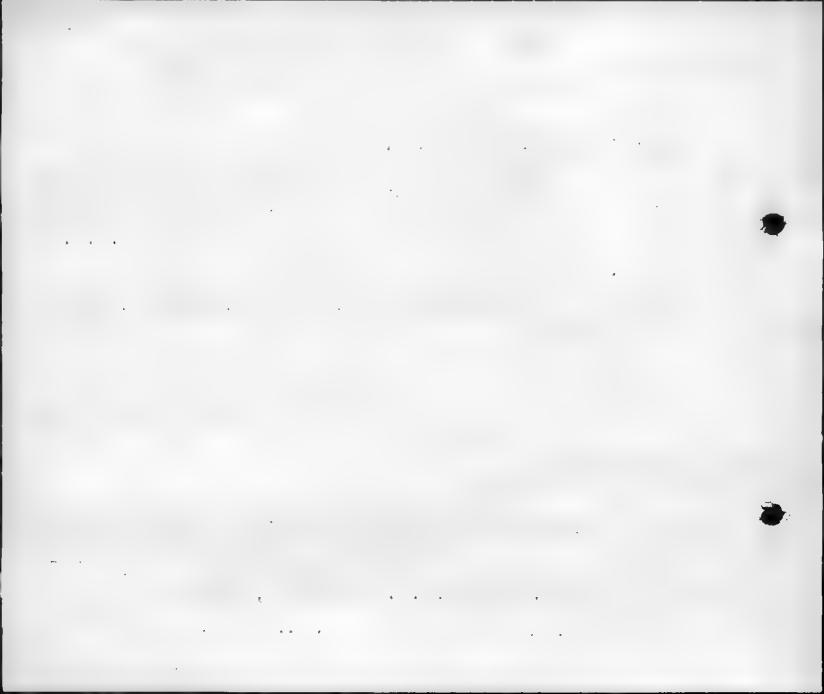
	ALLIE DEL LIGHTETT DE LIBERTIT DADI	0925
267	CERTIFICATE OF DEATH	Reg. Dist. No.

a. COUNTY	Montgomer	17 <i>)</i> *	MARYLANI	a S	ral residence (WI TATE Proland	here deceased	b. COUNT	1	before admissi	on)
b. CITY OR TOWN (I	f outside corporate limit		NGTH OF STAY IN 1		ITY OR TOWN (IF	putside corpo		gomery RURAL and au	ve nearest town	1
RURAL ond give no Bethesda	earest lown)	7	dav		lver Spr		1			
d. NAME OF HOSPIT	AL (If not in hospital, gr	ve street address			STREET ADDRESS	LIE V	1		e. IS RESI	DENCE
OR INSTITUTION				27	06 Navar	re Dri	VA			FARM?
3. NAME OF	Fire	†	Middle	1	Lost	4. DATE	Mo	oth	Doy Y	feor
(Type or print)	Catherin	10	Mildred		Horn	OF DEATH	Augu		. ,	958
5. SEX	6. COLOR OR RACE			B. DATE	OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNDE	
Female	White	WIDOWED [	DIVORCED [	· I	ember 25	1915	last birthday)	Months D	Days Hours	Min
10a. USJAL OCCUPATIO	ON (Give kind of work a king life, even if retired)	one 106 KIND	OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
Secretary	-		retarial		Michigan			U.	S.A.	
13. FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME				
Harry Laz	ar				Lena Yudi	kovitz				
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		L SECURITY NO 17	, INFORMA	NT The Me	edical	Record	dress		
no	111 701 311 111 111 111 111		311-0188	The Cl	inical Co	enter.	Bethesd	a 14,	Marylan	d
18 CAUSE OF DEA	ITH [Enter only one can	use per line for (	(o), (b), and (c).]						INTERVAL BET	WEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Intra	cerebral h	emorr	hage				36 h	rs
33/X	DUE TO									
Conditions, if a										
gove rise to i										
lying couse lost.	(c)									
NO PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH E	UT NOT RE	ATED TO THE TERM	INAL DISEASI	E CONDITION GI	VEN IN PART	1(a) 19. WAS A	UTOPSY
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	etastatic c	arcinoma	a of Breas	t - 3	years					№ 🔲
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE I	HOW INJURY OCCUI	RED. (Enter	nature of injury in	Port I or Port	11 of item 18.)			
20c. TIME OF INJUR	Y Month, Doy, Yea	r 20d. INJURY	OCCURRED 20e.		NJURY (Home, form		or town)	(Co	unty)	(State)
Hour a.m.	19		Not while	factory, sire	et, office bldg., etc	h1				
	at I attended the	deceased fro	om August	16	1958 ta A	ugust	17 1058	that Lla	et cow the	deceased
olive on Aug			, and that dec							
/	7	1 1	1. 5		00 002122322		reet, city or town			TE SIGNED
ACTUAL SIGNATURE	James 1	7-10	De M.1)	_ M D	The Cli					8/58
PHYSICIAN'S NAME (Type)	James A.	Rose. M	. D.				itutes o		th	
220 BURIAL, CREMATIO		22c.	NAME OF CEMETERY	OR CREMA			ION (City, town,		(Stote	)
Burial (Specify)	Aug. 18, 195	8 Kin	g David Me	emoria	1 Garden	Falls	s Church	, Va.		-
23 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIST		ISTRAR'S SIGN		n *
Bernard Dar	zansky & So	ns 3501	14th St.,	N.W.	DATE AT	JG 1 9 '5	58 0	rthur S.	Thank.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Afficiate has been signed by the attending physician and containing the funeral director, page 3 should be detached use as the burial-transit permit. Then please remare capbon, a Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaral, and in any event within 72 ham after death.





1			MARYL	AND !			NT OF HEALTH		IMORE, 1	В	092	153
X			9269		CERTI	FICA	TE OF DEATH			Reg. Dist.	(, 0 ,	
74	1. !	PLACE OF DEATH COUNTY Montgo	merv		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE  Maryland	ere deceased	lived. If institution b. COUNTY			in)
m			If autside carparate limits	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	elside carpore				
. /		Olney	·		DOA		× Spencervi	lle				
Q 11		d. NAME OF HÖSPI OR INSTITUTION	TAL (If not in hospital, gr	ve street ac	ddress)		d. STREET ADDRESS				e. IS RESIL	ENCE
-	-		o Hospital								YES 🗌	NO 🚺
		NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mont			108
	5. 5	(Type or print)	Gec:			bert		DEATH		ust	18 1	
			1 . 1		DIVORCE	_ ,	. DATE OF BIRTH	Ι,	last birthday)	Months Do	EAR IF UNDER	Mín
		Male	1 1112 00	WIDOWED			6/17/07 (RY   11. BIRTHPLACE (Stole of	r foreign con	51 yrs	12 CITIZE	N OF WHAT (	CULTRY
		during most of war	king life, even if retired)	J	1,	K 114D031			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,QUNIKI
i	13.	Mecha FATHER'S NAME	HIC		1970		Mary La			U?	D.A.	
		Camii	el Howes				Grace					
		WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO.	. 17, IN	FORMANT		Addre	55		
	[74:	no, or unknown)	(If yes, give wor or dates of sec	2/	3.09-80	56 H	ospital Recor	rds	0.	nev. N	Id.	
		1	ATH [Enter only one cou	se per line	far (a), (b), and (c).		ODPE VICE TO VO				INTERVAL BET	WEEN
i		1	TH WAS CAUSED BY:				tion. Chronic	3			ONSET AND I	DEATH
		420.1	DUE TO					<u> </u>				
		Conditions, if o	ny, which ) (b).	Sin	us Tachyca	rdia					4 wks	
		gove rise to i couse (a), stating	mmediate (									
		lying couse lost.	) (c)									
	CATION	PART II. OT	HER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO THE TERMIN	HAL DISEASE	CONDITION GIVE	N IN PART 1(	o) 19. WAS A! PERFOR	JTOPSY MED?
	CA										YES 🗌	NO 🔼
	CERTIE	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OF	CCU RRED	. (Enter noture of injury in Pi	ort i or Port	II of item 18)			
	MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	Y Month, Day, Year 19	White of work	Not white	20e. PLA: fact	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City	or town)	(Cou	nty)	(State)
		21. I certify th	at I attended the	deceased	from 8/1/	/	, 19 58, ta 8/	/18/	19_58	that I las	t saw the d	lecease
		alive an 8	/17/	, 12 5	8 and that	death	occurred at 1:15	M, from	the causes ar	d an the	date stated	d above
			My	2	′				et, city or town, s		DAT	E SIGNE
		ACTUAL SIGNATURE	AHI	4		N	.D. A.	nd	410	7	8119	15
		PHYSICIAN'S	0 "						17	/	1/ 1/	
		NAME (Type)	J. W. Bi						g. Maryla			
	220	BURIAL CREMATIC REMOVAL (Specify) BUPIAL	Aug. 2		220 NAME OF CEME	Car			on (City, town, or shine I		ne ry C	
		FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		252	BY REGISTR		RAR'S SIGNA	ATURE MA	ry I
			- Owner		Laytonsv	111	M.C. DATERUE	2 2 '58	Co	1 9 f		



director filed uneral Ď, shavid c within 8 8 certificate requires that the DIRECT should FUNERAL 9 0 VII A15 (4) 15Ⅲ 9/55



VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9271

09255

		Reg. Dist. No.
o. COUNTY MITTING MARYLAND	2. USUAL RESIDENCE (Where placeased lived if a state of the state of t	nstitution, Residence before admission) DUNTY IT THE
b. CITY OR TOWN (If outside corporate whits, write RURAL and give pregress town)	c. CITY OR TOWN (If outside corporate limits, Rockville	write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 277 Land	STREET ADDRESS Road L	o is residence ON A FARN? YES 100
3. NAME OF DECEASED (Type or print) Lambur Okma	S Hughes DEATH	Months 2 Day Year 19 58
5 SEX / 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 2/7 8. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS (day) Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHHACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME I Clleane Hee ghes	and McLo	rolf
(Yes, no. or unknown) [If yes, give wor or dates of service]	NFORMANT James T. Hughes, Jr	Address Item # 2
18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	al Thrombas	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate	- Dalewas	Grand
couse (a), stoting the under   DUE TO    lying couse last.   (c)   Amilia	ty	Mrs.c.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(0) AP. WAS AUTOPSY PERFORMED? YES NO
CF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part II or Part II of item	18.)
	ACE OF INJURY (Home, form, 20f. (City or town) clary, street, affice bldg., etc.)	(County) (State)
21. I certify that attended the deceased from	occurred at / LUCEM, from the car	9.5 That I last saw the deceased uses and an the date stated above.
ACTUAL SIGNATURE	M.D. ADDRESS (Street, city, or	town, slate) DATE SIGNED
PHYSICIAN'S J. W Bird Sandy Spring,	Md.	/ /
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O BURIAL Specify: 8/29/58 Emaculate Co		town, or county) (State) New Jersey
Robert A. Pumphrey-Bethesda, Md.		REGISTRAR'S SIGNATURE CIVILING & Heard



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 a9256CERTIFICATE OF DEATH Rea. Dist. No. be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before/admission) · COUNTY **b** COUNTY MARYLAND OINI a c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, yith RURAL and give hearest lawer Wesda d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION YES NO 174 NAME OF Middle DATE DECEASED (Type or print) 3 19 8. DATE OF 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED lost birthday] Months Doys WIDOWED [ Co yrs OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if relired) ando ang 13. FATHER'S NAME 17. INFORMANT Building 1B. CAUSE OF DEATH [Enter only one cause per line for (a) /b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 221X DUE TO Conditions, if any, which gave rise to immediate **DUE TO** codse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19. WAS AUTOPSY PERFORMED? YES NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street office bldg., etc.) 0.56 While at work of work p. m. 5 8 that I last saw the deceased 21. I certify that I attended the deceased from 19 and that death occurred at 6. 30 PM, from the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type)

aBod

VS A1S (4) 15M 9/55

22a. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** Robert A. Pumphrey-Bethesda, Md.

Cedar Hill

8/26/58

22c. NAME OF CEMETERY OR CREMATORY

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

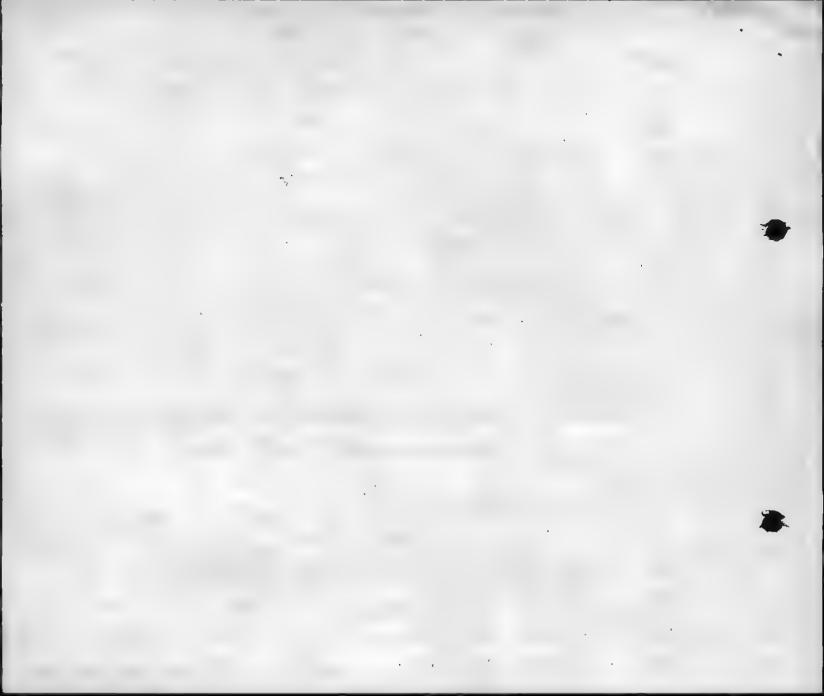
Suitland, Maryland

22d. LOCATION (City, lown, or county)

AUG 2 6 '58

Clothing & Frank

(State)



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

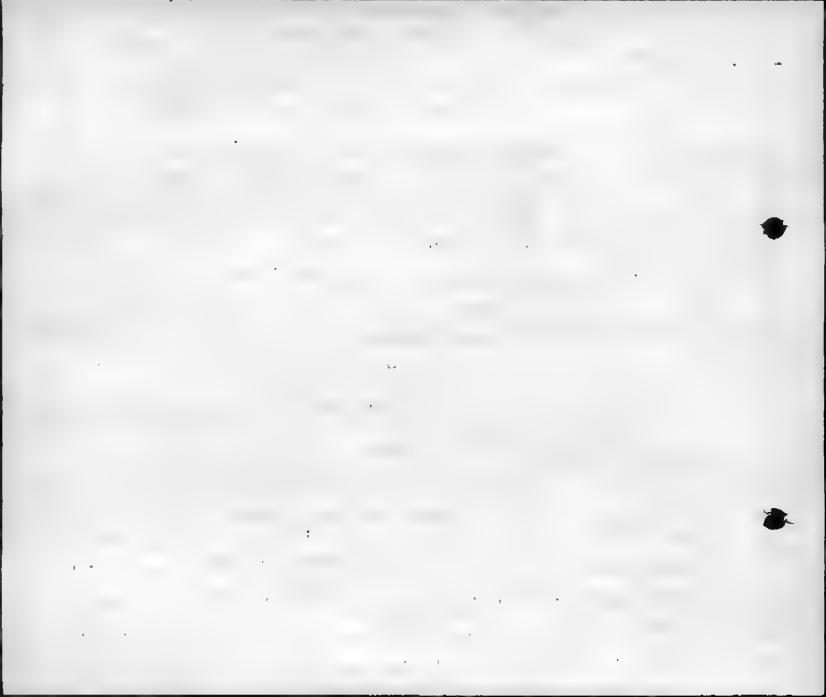
#### CENTIFICATE OF DEATH

09257.

		9209	CERTIFICA	AIE OF DEAIR	1 R	Reg. Dist. No.
	7. 5	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institutions	Residence before admission)
		Montgomery	MARYLAND	Maryl	and b. COUNTY	Montgomery
	ì	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside carparate limits, write RUR	
	]	RURAL and give nearest town) ROCKVIILE	5 months	(XIVEXOX XCX XXX	EX Bethesda	
	4	d. NAME OF HOSPITAL (If not in hospital, give street Waverley Sanitarium	address)	d STREET ADDRESS 4523 Middle	eton Lane	o IS RESIDENCE ON A FARM? YES NO
	3 1		Middle	Last	1	
	J. [	NAME OF First DECEASED (Type or print) Allidee	Middle	IRVING	OF DEATH August	Doy Year 14 19 58
	5. 5		DIED NEVER MARRIED M	8. DATE OF BIRTH	9. AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS.
	F	Female White wipowi		July 27, 188	lost hirthday) A	Manths Days Haurs Min.
		. USUAL OCCUPATION (Give kind of work done 10b.				12 CITIZEN OF WHAT COUNTRY
		during most at working life, even if refired)	. S. Govt.	Illinois	• "	USA
	_	FATHER'S NAME	. S. GOVI.	14. MOTHER'S MAIDEN N	AME	USA
		John B. Irving		Lillian F	razer	
/	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
		(If yes, give war ar dates of service)	None			
		18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary Occlus	sion		ONSET AND DEATH
		420.0 DUE TO				
		Canditians, if any, which ) (b) A	rterioscleroti	c Heart Diseas	50	15 years
		gave rise to immediate outse (a), stating the under-				
		lying cause last. (c) A	rteriosclerosi	s, generalize	1	15 years
^	O	PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED?
, )	CAT	Hypertensive Heart	Disease			YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in P	art I ar Part 11 of ilem 18.)	
	CAL		NJURY OCCURRED 20e. PI	IACE OF INJURY IHome, form,	20f. (City or tawn)	(Caunty) (State)
	MEDICAL	Haur a.m. While at war	Nat while to	ictory, street, affice bldg., etc.	1	
		21. I certify that I attended the deceas	ed from December	30 19 52 ta Au	gudt 14 19 58	that I last saw the decease
		alive an July 13 19	58 , and that death	accurred at 7:40	M, fram the causes and	d an the date stated above
		(). 14 D	0		ADDRESS (Street, city or lawn, sta	nte) DATE SIGNE
		SIGNATURE COLUMN H. CIN	-all	M.D. 5009 Del	Ray Avenue	Augl 5, 1958
1		PHYSICIAN'S Robert G. Angle,	M.D.	Retheads	. Maryland	
	22.0					
	220	BURIAL CREMATION, 225. DATE THEREOF  BURIAL Specify 8/16/58	Ft. Lincoln	OK UKEMATORY	22d. LOCATION (City, lawn, or or Prince George	
	23	-/		240 PEC'S		AR'S SIGNATURE
	-	euneral director's signature Robert A. Pumphrey-Be	ethesda, Md.			hand S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 pletely filled in by the funeral director, its. Pages 1 and 2 should be filled with may be retained by the hazaital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the ottending physician and page 3 should be detached to use as the burial-transit permit. Then please remaye carbon the registror prior to burio', crematian, or removal, and in any event within 72 haurs often detached. VS A15 (4) 15M 9/55



Glencove Cemetery

ADDRESS

DEPUTY MEDICAL EXAMINER

240. REC'D BY REGISTRAR

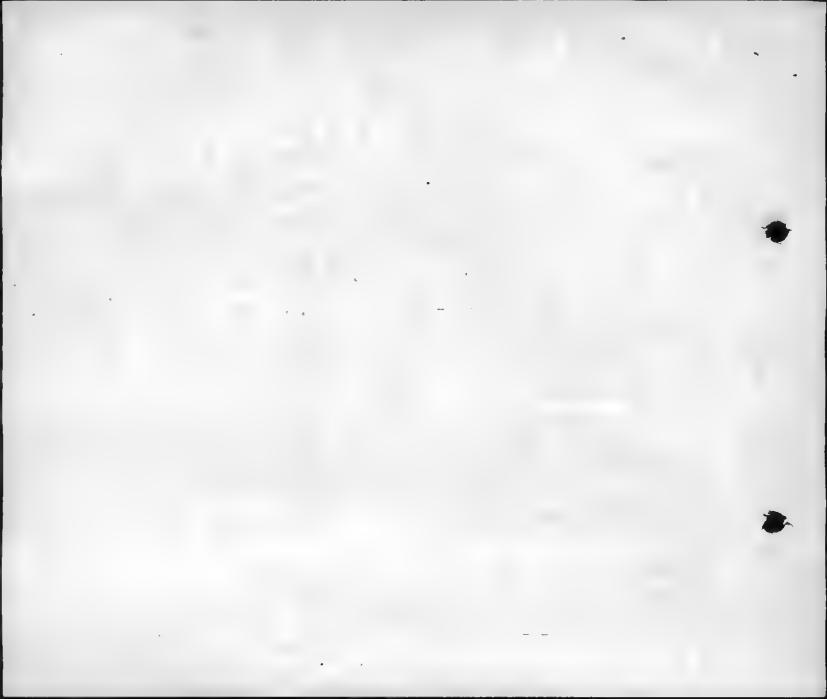
22d. LOCATION (City, town, or county)

Knightstown, Indiana

24b. REGISTRAR'S SIGNATURE

VS A15ME 5M 2/57 Burial-Transit

23 FUNDERAL DIRECTOR'S SIGNATURE



death,



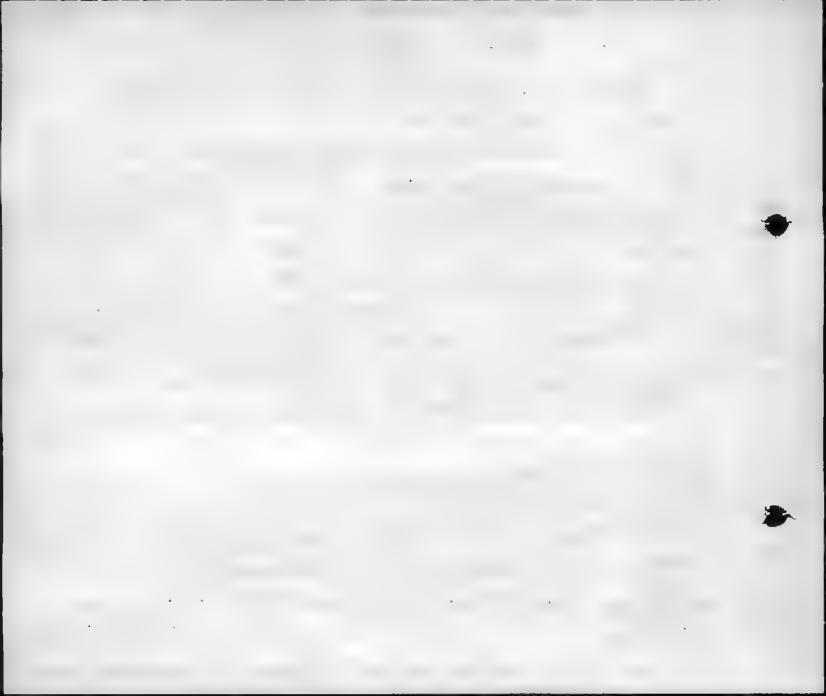
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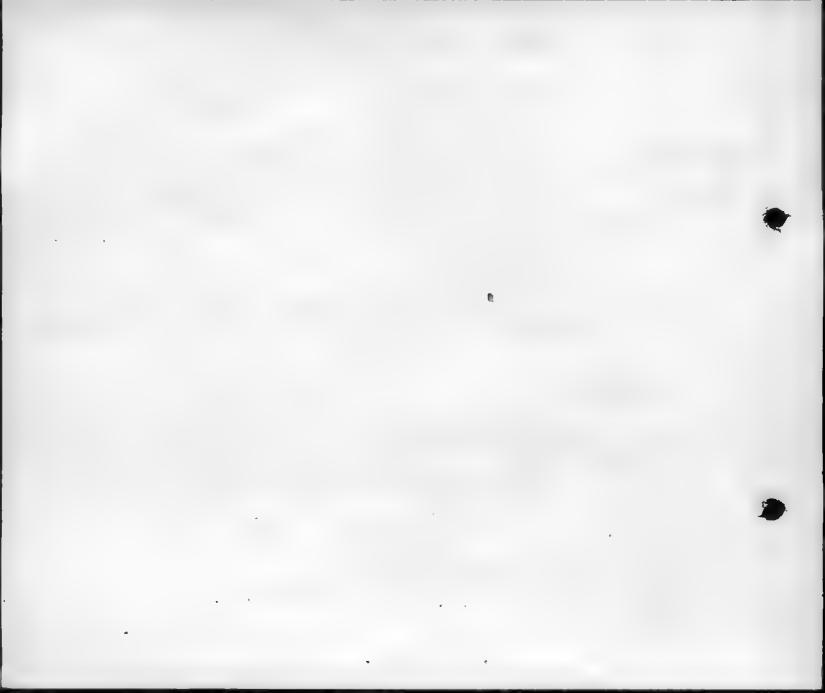
	5275	5 CERTIFI	CATE	OF DEATH	1		Reg. Di	st. No.	.,,	
1. PLACE OF DEATH  D. COUNTY  Montgomery		MARYLAN	11 0 9	UAL RESIDENCE (WASTATE Maryla		d lived. If institut b. COUNTY	on Residen	merv	e admiss	ian)
b. CITY OR TOWN (If outside corp RURAL and give nearest town)	orate limits, write	c. LENGTH OF STAY IN	1b c. (	CITY OR TOWN (If a		rate limits, write l	URAL and	give near	rest fown	1)
Olnev		9 days	266	Rockvi	lle					$\checkmark$
d. NAME OF HOSPITAL (If not in I OR INSTITUTION		address)	d	STREET ADDRESS	1	11 p1		8		FARM?
Montgomery Coun	ty Genera		11		1	11 Road				
DECEASED (Type or print)		Middle		Last	4. DATE OF	Mai		Doy	^	Year
	Charl		-!	Johnson	DEATH	Augu			. Mar.	19 58
5. SEX 6. COLOR (		RIED NEVER MARRIED		OF BIRTH		9. AGE (In years lost birthday)	Manths Manths	Days	Haurs	ER 24 HRS. Min.
Male Ne.	gro WIDOW		-	11/4/85		72 yrs		50,1	110013	
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11	. BIRTHPLACE (State	ar fareign c	ountry)	12. CII	IZEN OF	TAHW	COUNTRY
	·			Maryla	nd			USA		
13 FATHER'S NAME			14. N	OTHER'S MAIDEN N	IAME					
Edward Church	a Tohngon			Elizabet	h					
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16.		7, INFORMA			Add	ress			
(If yes, give war	or dates of service)		Hosp	ital Reco	rds	0	lney,	Md.		
18. CAUSE OF DEATH (Enter or		ne far (a), (b), and (c).]							RVAL BE	
PART I. DEATH WAS CAU IMMEDIATE	SED BY:	MAME	•					TONSE	ET AND	CA
446×	DUE TO			0 ,						1
Conditions, if any, which	~ Z	Lessales -	1	- Into	11/	led		4	عوسك	
gove rise to immediate	DUE TO		(		ana			- 0		
couse (a), stating the <u>under-</u> ( lying couse last,	". a	etra a	101	m 0						
	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT SE	LATED TO THE TERMI	NAI DICEASI	F CONDITION OF	ENLINI DAG	7 1/2 19	WAS	VZQOTILA
SAD STO		alcohol	10-	÷	INAL DIJENSI	L CONDITION OF	CIA IIA I NW		PERFO	RMED?
PART II. OTHER SIGNIFICATION  200 ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION MEDICAL EXAMINATION CONTRIBUTION CAUSE OF CA	F DEATH	CRIBE HOW INJURY OCCU	IRRED. (Enter	nature of injury in F	ort I or Pari	t II of item 18.)				
20c. TIME OF INJURY Month, Hour o. jt. p. m.	While	NJURY OCCURRED 20e k at wark	foctory, str	INJURY (Hame, farm, eet, affice bldg., etc.	, 20f. (City	or tawn)	{(	Caunty)		(State)
21. I certify that I attend	led the deceas		/	1955, to 8	-/13	1958	,that I	last say	w the	decease
alive on 81 12/	125	and that de	ath occur	red at 1:00		n the causes ( treet, city or lown,		he date		ed abave
ACTUAL SIGNATURE	mo	end .	M.D	Same	Ly &	2/		8	114	158
PHYSICIAN'S NAME (Type)	W. Bird.	M. D.		San	dy Spr	ring, Md				
229. BURIAL, CREMATION, 22b. DAT	E THEREOF 16-58	22c. NAME OF CEMETER	OF CREMI	EA VEN	19 S	FION (City, town,)	or county)	Mon	(State	Vid.
23. FUNERAL DIRECTOR'S SIGNATURE	1 .	ADDRESS	11.	24a. REC'L	BY REGIST	RAR 24b. REGI	STRAR'S SIC	SNATURE	Ė	
K.LISNOU	den	KOCK 111	116.1	DATERITO	. D. D. 155			10		

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the letely filled in by the funeral director, page 3 shauld be detached to use as the burial-transit permit. Then please remare cashed to Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remarkal, and in any event within 72 houry after death.

VS A15 (4) 15M 9/55





#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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J	4	4	

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY MOX	ntgomery		MARYLAND	2. USUAL RESI	DENCE (WILL)	ere deceased	lived. If institute b. COUNTY MONT	on Residenc		ission)
	b. CITY OR TOWN ( RURAL ond give of Bethesda	If outside corporate limited earest town)	is, write	c. LENGTH OF STAY IN 16	c. city or		utside corpore	ote limits, write R	URAL and gi	ive nearest to	wn)
)	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gical Center		ddress)	d. STREET	DDRESS	olk Ave	enue, Ap	t. 2	ON	ESIDENCE A FARM?
	3 NAME OF DECEASED (Type or print)	Fir		Middle William	lo	d	4. DATE OF DEATH	Mon	th	Day	Yeor
	5. SEX			ED NEVER MARRIED	B. DATE OF BIRT	<b>ЛӨЗ</b> Н		Aug P. AGE (In years		21,	1958 DER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	Januar	y 8, I	1935	23 yrs	Months	Pays Hour	s Min.
	during most of wor	ON (Give kind of work king life, even if retired ation Attit	}	cind of Business OR INDE		Virg.	inia	unity)	12. CITI	U. S.	
1		loward Jone						abeth Od			
/	15. WAS DECEASED EV (Yes. no or unknown) NO	(if yes, give was or dates of s	5°	77-44-8176	The Clin					Maryl	and
	1 /	immediate	Ca:	rdiac arrest	tension					interval Onsei an 10	min.
	couse (a), stating lying cause lost			eumatic_heart	disease					11	yrs.
2	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature o	f injury in I	Port I or Part	11 af item 18.)			
	ZOc. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	JURY OCCURRED 20e. P Not while fo	LACE OF INJURY pottory, street, office	Home, form e bldg., etc.	20f. (City o	or town)	(Co	ounty]	(State)
/		charles P.	1951	8 , and that death	м DТ	2:25 ne Cli ationa	BM, from ADDRESS (Simi inical al Inst	21, 1958 the couses of cert, city or lown, Center titutes Marylan	ind on th	e date sta 8–2	
	220. BURIAL, CREMATIC REMOVAL (Specify Burial		F	22c. NAME OF CEMETERY C	OR CREMATORY		22d LOCATI	ON (City, lown, o	or county)		ate)
	23. FUNERAL DIRECTOR	's signature Pumphrey	Betl	ADDRESS hesda, Maryla		24a. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 page 3 should be detached to use as the burial-transit permit. Then please remove carbon pare the registrar prior to burial, cremation, or removal, and in any ment within 72 frouts after death. is certificate has been signed by the ottending physician and to use as the burial-transit permit. Then please remove carbon pa may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: Affective this certificate has been si VS A15 (4) 15M 10/57



**VS A15 (4)** 



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 9279 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MONT COMERY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN ( f outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER SPRING 2º months TAKOMA PARK d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTIONAL THEA GLENN NURSING HOME ON A FARM'S 7418 BIRCH AVENUE YES NO F 3 NAME OF DECEASED First Middle 4. DATE Yenr HARRY CHARLES KIMBALI. AUGUST 1958 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months MALE WHITE Days Hours 4/5/84 DIVORCED [ WIDOWED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Clerk - Dept. of Defense U. S. Gov't. New Hampshire U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Kimball Emma J. Colby 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes. no. or unknown) Mrs. Mildred S. Kimball, 7418 Birch Ave. none Tekowa Pas 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mes DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDA 20g. ACCIDENT WAS UNDERLYING [3] 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased fram... ... 19-2 that I last saw the deceased 30 A.M., from the causes and an the date stated above. and that death occurred all ofive on\_ ACTUAL SIGNATURE PHYSICIAN'S DEAN H. HARDING NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 8/6/58FT. LINCOLN CEMETERY PRINCE GEORGES COUNTY MD. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

SILVER SPRING, MD.

DATE

filed funeral å ploods 26 ollending FUNERAL DINE page

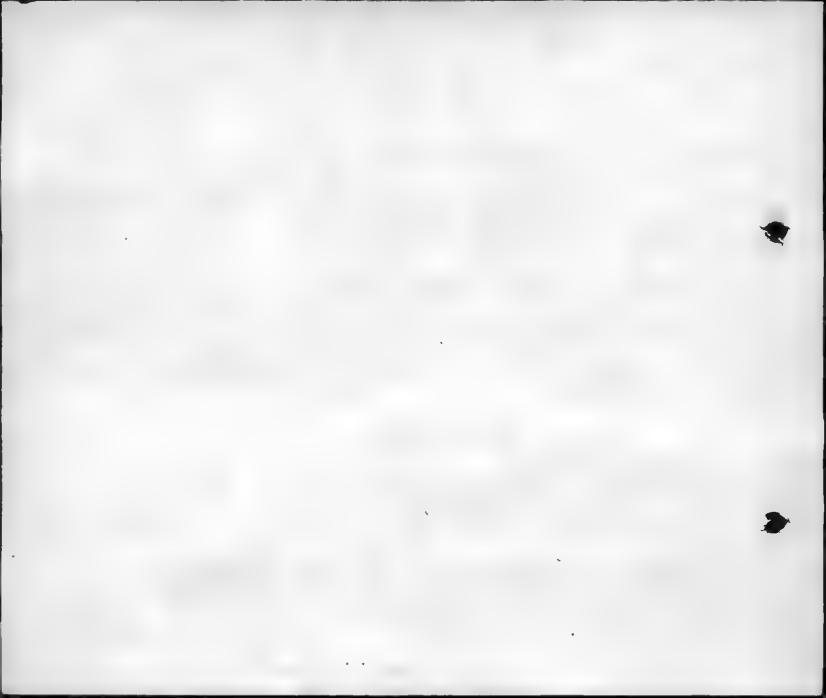
VS A15 (4) 15M 10/57 Dr Brarchart, Montgoing County Cormer, Matyes & will approve Deauthroeding

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

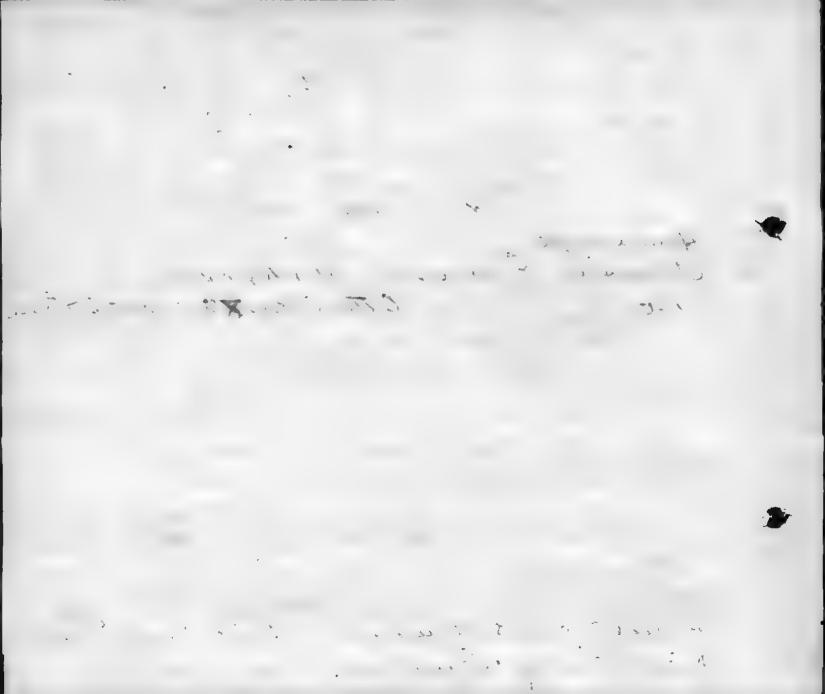
PLACE OF DEATH	3200		CERT				1 1 1 1 1 1 1		Dist. No		
o. COUNTY	tgomery		MAI	RYLAND	2. USUAL RESIDENCE (WI		b. COUNTY		atgon		ion}
b. CITY OR TOWN I	If outside corporate limited town)	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF o			URAL on	d give ne	prest town	1
OR INSTITUTION	TAL (If not in haspitot, g	_	oddress)		d. street ADDRESS 10012 Renfre	ew Roa	d				DENCE FARM? NO [25]
NAME OF DECEASED (Type or print)	GIZELLA		Midd	le	Last KLFIN	4. DATE OF DEATH	Mon Augusi		Do	,	rear 1958
sex Female	6. COLOR OR RACE	7. MARR	NEVER MARI		8. DATE OF BIRTH April 3, 1890	0	9. AGE (In years last birthday) OO yrs.				R 24 HRS. Min.
during most of wor Housewill	king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stole Hungary	or foreign co			J.S.		COUNTR
Max Grun					Jeanette -	NAME					
	R IN U. S. ARMED FOR (If yet, give wor or dates of t		SOCIAL SECURITY N	IO. 17. I	INFORMANT		Adde				
PART I. DE.			me for (o), (b), and (o) monary Hyserfl	1.]	Clesions When	20012	Renfrew	Road	LINT	Lver	TWEEN
PART 1. DE.  Conditions, if a gove rise to code (a), stating lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ony, which mmediate The under- (c)	)	Hyperte	o Oc	1	profic	Hard	Diese	ON ON	P. WAS	TWEEN DEATH CLASS
PART I. DE.  Conditions, if a gove rise to couse (a), storing lying couse lost.  PART II. OT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ony, which mmediate The under- (c)	DITIONS	Hyperte Hyperte CONTRIBUTING TO D Hyperte	EATH BUT	Clesione Arkrevich	baolia Inal Diseasi	ECONDITION GIV	Diese	ON ON	ERVAL BE SET AND A MO	TWEEN DEATH
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PART I. DE  PART I. DE  Conditions, if of gove rise to cose (o), stoting lying couse lost.  PART II. OI  20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUMENT OF MALE IN THE PROPERTY OF INJUMENT OF INJUM	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Ony, which Inhe under- HER SIGNIFICANT CON AS UNDERLYING  AS UNDER	DITIONS C 20b. DESC  ar 20d. 1h While of world	CONTRIBUTING TO DE CHEE NOW INJURY OCCURRED NOT WHILE OF WORK OF THE CHEE OF WORK OF THE CHEE OF THE C	EATH BUT  COCCURATE  20e. PL  for	NOT RELATED TO THE TERMINAL D. (Enter noture of injury in lactory, street, office bldg., etc., 1965, to	INAL DISEASI  A GA  Port I Profi	E CONDITION GIV	Dispo	ART 1(a) 1 (County)	9. WAS / PERFO	TWEEN DEATH LAND OF THE PROPERTY OF THE PROPER
18. CAUSE OF DE PART 1. DE PART 1. DE Conditions, if of gove rise to cosse (o), stoting lying couse lost.  PART II. OT  20a ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUINED IN MOUTH OF INJUINED INJUINED INJUINED IN MOUTH OF INJUINED IN MOUTH OF INJUINED IN MOUTH OF INJUINED	ATH WAS CAUSED BY: IMMEDIATE CAUSE (C DUE TO ONLY, which Immediate The under- HER SIGNIFICANT CON AS UNDERLYING [I CAUSE OF DEATH MEDICAL EXAMINER] TY Month, Day, Ye THE CAUSE OF DEATH MEDICAL EXAMINER THE COULT TO THE COULT T	DITIONS C  20b. DESC  20b. DESC  ar 20d. Ih  While of work  decease  19	CONTRIBUTING TO DE CONTRIBUTING	EATH BUT LOCURAGE TO THE TOTAL COLUMN TO THE T	T NOT RELATED TO THE TERMINAL D. (Enter noture of injury in Incident, street, office bldg., etc.)  ACE OF INJURY (Home, form clory, street, office bldg., etc.)  ACE OF INJURY (Home, form clory, street, office bldg., etc.)  ACE OF INJURY (Home, form clory, street, office bldg., etc.)  ACE OF INJURY (Home, form clory, street, office bldg., etc.)	INAL DISEASI A GE Port I of Port II. 20f. (City II.) 20f. (City II.) 20f. (City III.) 20f. (City	ECONDITION GIV	Tihat ind an stote)	(County)  I last so the da	9. WAS / PERFO	NUTOPSY RMED? NO CONTROL CONTR

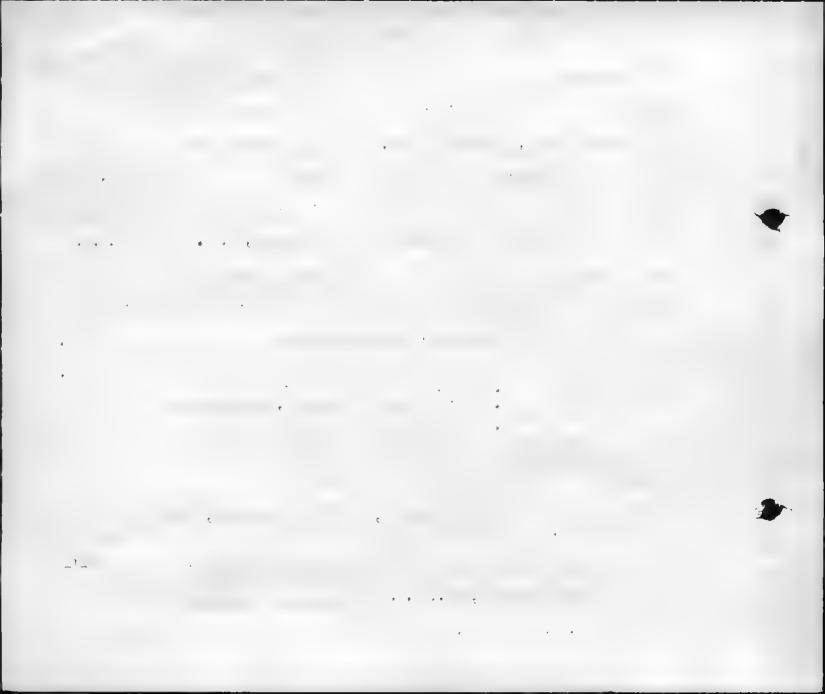
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 pletely filled in by the funeral ers. Pages I and 2 shauld be fi ed by the ottending physician and rmit. Then please remaye carbon any event within 72 haurs after deat certificate has been signed by the eas the burial-transit permit. The ation, or removal, and in any event TO FUNERAL DIRECTOR: A page 3 should be detach the registrar prior to burid. TO HOSPITAL OR

VS A1S (4) 15M 9/5\$



1	X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
4 35	M		9281 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
Page director		1.	LACE OF DEATH . COUNTY Montgomery MARYLANS	II o STATE A	b. COUNTY
feath.			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e. CITY OR TOWN Ilf outside corporal	e limits, write RURAL and give nearest town
e fu		-6	NAME OF HOSPITAP(If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
by the	90		Ammon's Rest Home	West &	ON A FARM? YES NO
24 ho lled in			MAME OF First Middle PECEASED Type or print)  Middle	Lost 4. DATE OF DEATH	Month Day Yeor August 21 158
ithin ely fi		5.			AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
ra oleh			fenaley 0 WIDOWED DIVORCED	MOU IXIX	уп.
executed and and and and and and and and and an		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INIty during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign coun	12. CITIZEN OF WHAT COUNTRY?
o be con on or	1	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ificat hysici adve		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT	Address
ng pl		{Ye	(If yes, give war or dotes of service)	Ma C. Km	802 West Straus
feoth tendi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
the of hen pent w		L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Carcinona Int	estinal	
that by th it. T			Conditions, if ony, which ) Metastasis to	Parotid Gland	
gned permi			gove rise to immediate couse (a), stating the under-		=
req cion. en si onsit		z	lying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	NATIONAL AND TO THE TOURISM DIRECTED	
ohysical		ATIO	2 Fractured Hip (old) may have been		ONDITION GIVEN IN PART 1(6) IN. WAS ABJUSTED PERFORMED?  YES NO NO
AN: The		CERTIFIC		RED. (Enter nature of injury in Part I ar Part II	
HYSICI, ar atte		EDICAL		PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	town) (County) (State)
G in		2		Aug 1 302 / 10 Clua 2	1950, that I last saw the deceased
the has the has DR: A estache			7 1 1 2 7 7 1 2 2	th occurred at 4,45/M. from	the causes and on the date stated above.
OR AT	1		ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. Atil HES	wes Africa 8:250
retain RAL D should	•	L	PHYSICIAN'S WEBSTER SEWEL	1	/ Nuf!
HOSI PUNE age 3		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 223 LOCATIO	IN (City, town, or gounty)
5 5 5		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRA	R 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		丛	edgley Selly Jamel	20 DATE AUG 2 5 '58	Cailing & House
				-	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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(Stote)

24b. REGISTRAR'S SIGNATURE

### **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY o STATE **b** COUNTY toxomec MARYLAND CITY OR TOWN (If o) yiele corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) ama. Tak d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? anitak wm YES NO D NAME OF First 4. DATE last DECEASED 195 Law sor (Type or print) DEATH 9. AGE (In year) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days DIVORCED | WIDOWED 🗖 ASSIGN OCCUPATION (Give kind of work done 10b KIND O BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? merica\_ FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for [a], [b], and [c]. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1/50.0 Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED [County] (State) factory, street, office bldg., etc.) Hour o. m. While Not while et work of work p. m. 15. 1938, 10 Clara 21. I certify that I attended the deceased from.\_\_ that I last saw the deceased, 19, 19, 28, that I , and that/death accurred at 13 45 PM, from the causes and an the date stated above. ADDRESS (Street, city of lown, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 225 DATE THEREOF 22c MAME OF COMETERY OR CREMINIORY 229-BURIAL, CREMATION 22d. LOCATION (Gity, town of county)

24g. REC'D BY REGISTRAR

**ADDRESS** 

0 VS A15 (4) 1SM 10/57 REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE



may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and copage 3 should be detached use as the burial-transit permit. Then please remove carban pot the registrar prior to burial, commation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09270

**CERTIFICATE OF DEATH** 9284

Dom Dies Ma

<u> </u>										Keg. Di	31. 140.		
1.	PLACE OF DEATH o. COUNTY Montgomen	या		MAR	YLAND	2. USUAL RESII 0 STATE Penns	DENCE (Wh	ere deceased	b. COUNTY		ce before	odmissi	ion)
$\vdash$		outside corporate limi	ts, write	c. LENGTH OF STAY	( IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Bethesda	orest town)		22 days		Lewis	berry						
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS				e.	IS RESI	DENCE FARM?
	The Clini	ical Center	Be	thesda 14,	Md.	Route	1						NO 🔀
3.	NAME OF DECEASED	Fir	st	Middle	е	los	Ť	4. DATE OF	Mor	ath	Day	1	(ear
	(Type or print)	Char		Henr		Lecr	one	DEATH	Aug	ust	29,	, 1	958
5.	SEX	6. COLOR OR RACE	7. MARE	RIED 🔼 NEVER MARR	IED 🗍 E	B DATE OF BIRTI	Н		9 AGE (In years last birthday)	IF UNDER			
L	Male	White	WIDOW	ED DIVORCI	ED 📋	Január	у 4,	1917	ДД угз.	Months	Days	Hours	Min.
10	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	ar foreign c	ountry)	12. CII	IZEN OF	WHAT	COUNTRY
	Sales Mar	läger		Selling			Penn	sylva	nia		U. S	5. A	. 00
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
	Anthony a	Lecrone					Hatt	ie A.	Frey				
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	) 17. IN	HORMANT TH	e Med	ical	Record Add	lress			
L	Yes	WW II	2	05-10-2847	7 The	e Clinic	al Ce	nter,	Bethesd	a 14,	Mary	/lan	d
Г	18. CAUSE OF DEA	TH [Enter only one co									INTER	VAL BE	TWEEN
П	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bro	nchial Obs	struc	tion					42	3 ho	DEATH
П	197,2	DUE TO		octotio Co	3 200 0 200	e of the	T				3.		4.3
П	Conditions, if or			astatic Sa	arcom	a or the	: Trure	3			4	mon	ths
П	gave rise to it cause (a), stating t	nmediate (		haamen		and and article						_	
L	lying couse lost.	) (c		bdomyosarc	comer	or mgm	c Arm				15 months		
N N	PART II. OTH	ER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS A	AUTOPSY BARDS
13											1		№ 🗍
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY C	OCCURRED	). (Enter nature o	f injury in F	art I or Port	I II of item 18.)				
MEDICAL	20c, TIME OF INJURY Hour a.m. p. m.	/ Manth, Day, Yes	While	NJURY OCCURRED  Nat white  of work		CE OF INJURY ( lary, street, affice			or tawn)	{•	County)		(Stote)
	21. I certify the	at 1 attended the	deceas	ed fram. Aug	ust	7 . 1958	, to A	ugust	29, 1958	.that I	last say	v the	decense
	alive an Au		., 195	0	t death	/	5.50	AM from	n the causes	and an t	he data	· inc	d shows
	Tallye direction	. 10	(	) tild illd	dediii	accorred of			reet, city or town,		ne date		te signer
П	ACTUAL SIGNATURE	unthin	n J	. /QX1	192.	The			Center			8/	29/58
				0	~~~^^				itutes o	f Hea	1 th		
L	PHYSICIAN'S NAME (Type)	NATHAN S. !	PAYLO	R, M. D.					Maryland	A 1100	a, V11		
22		. 22b DATE THEREC	F	22c. NAME OF CEM	AETERY OR				ION (City, town,	or countyl		(State	-1
	REMBYAL SERVY	8/37/58		Mt Zion		etery			ngittsbu		nnsyl		-
23	FUNERAL DIRECTOR	SIGNATURE /77	<u> </u>	ADDRESS	4 10 3 5	. /	240. REC'I	D BY REGIST	RAR 24b REGI	STRAR'S SH	GNATURE		
	Robert 9	Pumphrey	7557	Wisc Ave	Beth	Md	DATE	ng is	0 0	-1 0	11		
$\vdash$								13. 15		11 . 9			



24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

Chris P & wars

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	D'W	I	900	3
,		70		the registrar prior to buric, cremotion, or removal, and in any event within 72-bours after dearer.
	5	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral d	ogge 3 should be detached to use as the burial-tronsit permit. Then please remark carbon parts. Pages 1 and 2 should be file	)
1	3.19	1 77	22	

3. NAME OF

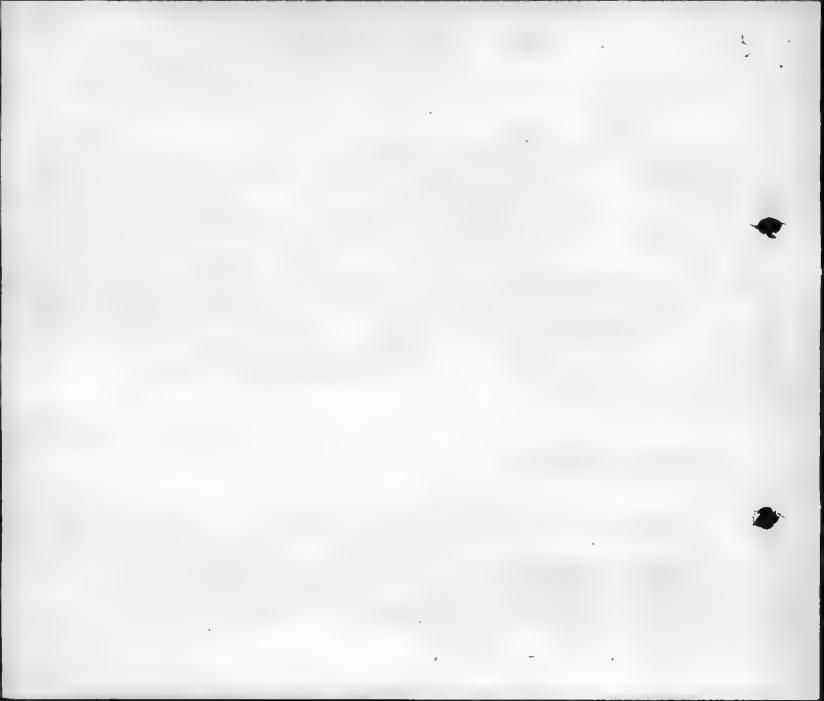
S. SEX

MEDICAL

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey-Bethesda.Md.

DECEASED



W.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1 tems 8 & 9, Firm G-233 Creatificate of DEATH  Q286 Par CERTIFICATE OF DEATH  Reg. Dist. No. U9272
1	PLACE OF DEATH a. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  RURAL and give nearest town)  School Specific Company  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ir,	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION  87/6 Leonard Mrue  87/6 Leonard Mrue  87/6 Leonard Mrue  98 NOR  NOR  1. STREET ADDRESS  2. STREET ADDRESS  2. STREET ADDRESS  2. STREET ADDRESS  2. STREET ADDRESS  3. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS  5. STREET ADDRESS
3	NAME OF DECEASED (Type or print)  NAME OF DEATH A CIGAR 3 19 5)
	SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  1881  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  1981, bythday)  1887 byts  Months  Days Hours  Min.
	Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  Clotking Bush Mills Mills Mills (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Jours Livingston Sarah?
	S. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT, (If yes, give wor or done of service) 16. SOCIAL SECURITY NO. 17. INFORMANT, MICH. Saddle Livingston - Same
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  U.D.C.A.T. V.D.C.A.T. V.D.C.A
	Conditions, if any, which gave rise to immediate cate (a), stating the under OUE TO
	lying cause lost. (c)
	ACCORDED WAS IN DESCRIPTION OF THE PROPERTY OF
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	21. I certify that I attended the deceased from. 17.5.1, 19. , ta Plesent, 19. K., that I last saw the deceased
	alive an 1920, and that death accurred at APM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
2 0	PHYSICIAN'S AB ADRIDAL
2	NAME (Type) 1/2. DATE THEREOF 22c. NAME OF CEMETERY OF
2	3 PONERAY DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR ZAD. REGISTRAR'S SIGNATURE
1	Sol Jennom Brashe, 124-26 Winoth ale DATE AUG 5 '58 China



VS A15 (4) 15M 10/57

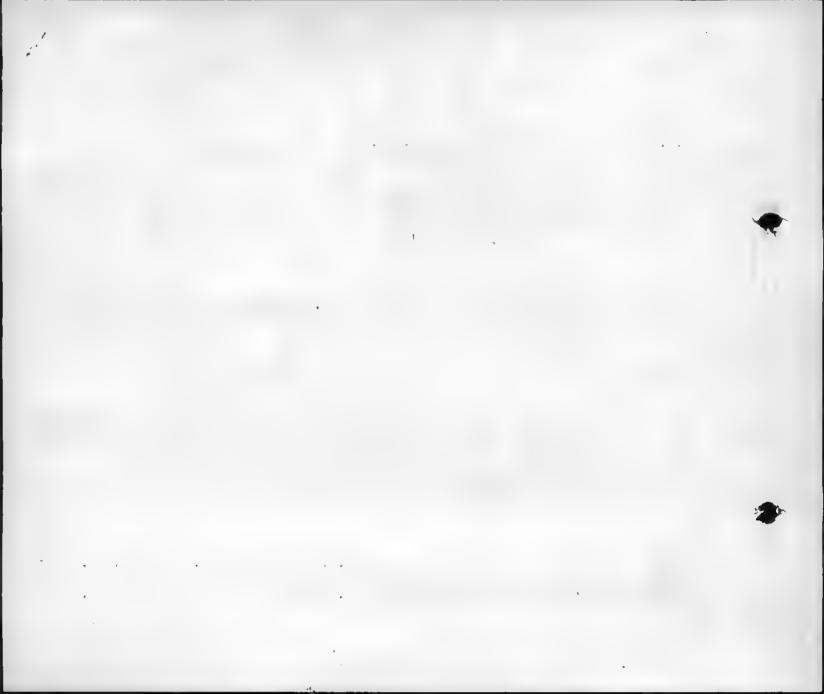
X	
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09273 Reg. Dist. No. 215

	9287		CERTI	FIC/	ATE OF D	EATH			Reg. Dis	t. No.	215	
1 PLACE OF DEATH o. COUNTY	Montgomery	7	MARY	LAND	2 USUAL RESIDI	ence (Whe	re decease	d lived. If institut		e before	admissi	on)
b. CITY OR TOWN (IF	outside corporate fimi		c. LENGTH OF STAY	IN 1b				rate limits, write	RURAL ond g	ive neore	st fown	) (
Bethesda			60 days		Cha	apel I	111		73	x'_ '		
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS				e.	IS RESI	IDENCE FARM?
	Hospital.	NNMC	, Bethesda,	, Md	. Pos	st Of	fice	Box 897				NO []
3. NAME OF DECEASED (Type or print)	Dona.	-	Middle Wood		LOOMIS		4. DATE OF DEATH	Mo Augu	st.	Day 4		1958
5. SEX	6. COLOR OR RACE	7. MARR	IED 🕅 NEVER MARRIE	D 🔲	8. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER			
Male	White	WIDOWI	DIVORCE		15 July	1895		63 yrs		Doys	Hours	Min.
10o. USUAL OCCUPATIO during most of work Mariner	IN (Give kind of working life, even if retired	)		Reti	1.		r foreign o	ountry)	12. CIT	U.S		COUNTRY
13. FATHER'S NAME					14 MOTHER'S A	MAIDEN NA	AME					
Fred Wood	1 LOOMIS				Jane (	3088						
15. WAS DECEASEDEVER	R IN U. S ARMED FOR		SOCIAL SECURITY NO	17 (	NFORMANT	_		Ad	dress			
	W-I and WW			(Wi	fe) Mrs.	Esthe	er Y.	LOOMIS	(Same	as #	(2)	
			ne for (o), (b), and (s):	/	)					INTER	VAL 8E1	IWEEN
PART I, DEAT	TH WAS CAUSED BY-	, (5)	reduch	) ر	meur	u Iz	مرسيم			ONSE	AND	DEATH
	DUE TO		,									
Conditions, if or	ry, which ) (b	n	e fras La	-6	e Ca	cal	0	moi-		/	Par	211/2.
gove rise to in couse (o), sloting t lying couse lost.		1	Cuccin	Q	no X	len	K			18	nu	1/2 -
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	HE TERMIN	DISEAS	E CONDITION G	VEN IN PART	1(o) 19.	WAS A	UTOPSY
\$ 471X						l				,	PEREOI ES 🔼	RMED?
U (IF EITHER, NOTIFY A	S UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of	injury in Po	ort 1 or Por	I II of item 18.]	-			
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yei	20d. If While of worl	Not white	20e. PL/ foo	ACE OF INJURY (He story, street, office I	ome, form, bldg., etc.)	20f (City	or town)	(C	ounty)		(Slote)
21. I certify the	at I attended the	decease	ed from 5 Jul	ne	19 58	to4	Augu	st 195	8.that L	ast sav	the i	deceased
	ugust				occurred at		M. from	n the couses	and an th	e date	state	d abave
ACTUAL SIGNATURE	Hour		~			A	DDRESS (S	reet, city or town ital, Be	, stote)		DA	TE SIGNED 3-4-58
PHYSICIAN'S T	. S. DUNN,	JR	LT MC USN		U.S. 1	Naval	Hosp	ital, Be	thesds	, Mo	i.	
220 BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c NAME OF CEME			12	2d. LOCA	TION (City town,	or county)		(Stote	)
REMOVAL (Specify)	6 August	1958	Arlington	Nat	ional			Arlingto	n, Vii	gini	a	
23. FUNERAL DIRECTORS	SIGNATURE	alu	ADDRESS Betl	hesd	a, Md.	24a. REC'D	BY REGIST	RAR 24b REG	ISTRAR'S SIG	NATURE		
	Pumphrey	1	7557 Wisco			DATEAUG	6 '5	8 Ull.	Ledu	en		



**CERTIFICATE OF DEATH** 9188

ATTENDING PHYSICIAN: The faw requires that the death certificate be execu≡d within 24 haurs after death. Tage 4,

ital ar attending physician.

It is certificate has been signed by the attending physician and se as the burial transit permit. Then please remave carbon promotion, at remaval, and in any event within 72 haup after being

may be retained by the haspital
TO FUNERAL DIRECTOR: After Air
page 3 should be detached
the registrar prior to buriol, Frêm

VS A15 (4) 15M 10/57

TO HOSPITAL OR

stely filled in by the funeral director, Pages I and 2 should be filed with

Rea. Dist. No.

	1. PLACE OF DEATH O. COUNTY, MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admit of STATE b. COUNTY b. COUNTY	ission)
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest to	wn)
77.	Takoma Park 12 days	Silver Spring :	
12	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION		ESIDENCE A FARM?
	Washington Sinitarium + Hospital	103 E. FLANKLIN FICE YES	П но 🔣
	3 NAME OF DECEASED (Type or print) Ovide arthur	LUSSIER 4. DATE Month Day OF DEATH AUGUST //	Year 19 5 c
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   DIVORCED	8. DATE OF BIRTH  12-9-00  9. AGE (In years IF UNDER 1 YEAR IF UNI  lost birthdoy) Months Doys Hours  7. Yes 8 2	7
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDE		1
	13 FATHER'S NAME . Health	14 MOTHER'S MAIDEN NAME Nadeau	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unharms) (Pl yes, give wor or dates of service) 577-10-9006	informant Address Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]		NPT-LLPPL.
	PART I. DEATH [Enter day one course per line to (a), (b), one (c)]  IMMEDIATE CAUSE (a) Acute peritoniti	INTERVAL I	D DEATH
	12.1 DUE TO		III. S a.
	Conditions, if any, which ) (b) Massive retro pe	eritoneal abscess right side	
	gove rise to immediate couse (a), stating the under-		
	lying couse lost. (c) Diverticulities a	right colon	
.1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		S AUTOPSY ORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO CONTRIBUTING TO DEATH TO CONTRIBUTING TO DEATH BUT TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT TO DEATH BUT TO CONTRIBUTING TO DEATH BUT TO D	ED. (Enter nature of injury in Part I or Part II of stem 18.)	3 10 13
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PI	TLACE OF INJURY (Home, form, 20f. (City or lown) (County) actory, street, affice bldg., etc.)	(State)
	Total Control of the	19 to acy 11 19 8 that I last sow the	
	The desired the deceases from the decease from the dece		e <b>decea</b> sed
	olive on, and that death	h accurred at 1/2 P.M. from the causes and on the date sta	ted abave.
	SIGNATURE Demark a Ditigeralist	M.D. 217 University Blod E. S. S.	PATE SIGNED
	PHYSICIAN'S BERNARD A. FITZGERALD	7	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY C		
	7 AIFD 0/14/00		CO. MD
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS CURVER & TUMPHURY, SILVER SPRIN	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DARUG 1 4 758	
		DARUG 1 4 '58 Orthur O W	



# the lift any delay is necessary, please and 3 to the funeral director. Page may be retained for your files. with the State Board of Hoolth. Thours after death.

ER: This certificate should be executed within 24 hours ofter death, the ward "pending" in pentil in them, 18. Give Pages 1, 2, and Chief Medical Examiner's Office along with llorm PM3. Page 3 should be used as a burial-transit permit. File pages 1 are to burial, cremation, ar removal, and in any even yearing 72 now

TO DEPUTY MEDICAL EXAMINER:

execute the certificate, writing 4 should be forwarded 10 TO FUNERAL DIRECTOR: or its designated agent, pro

ms. A15ME

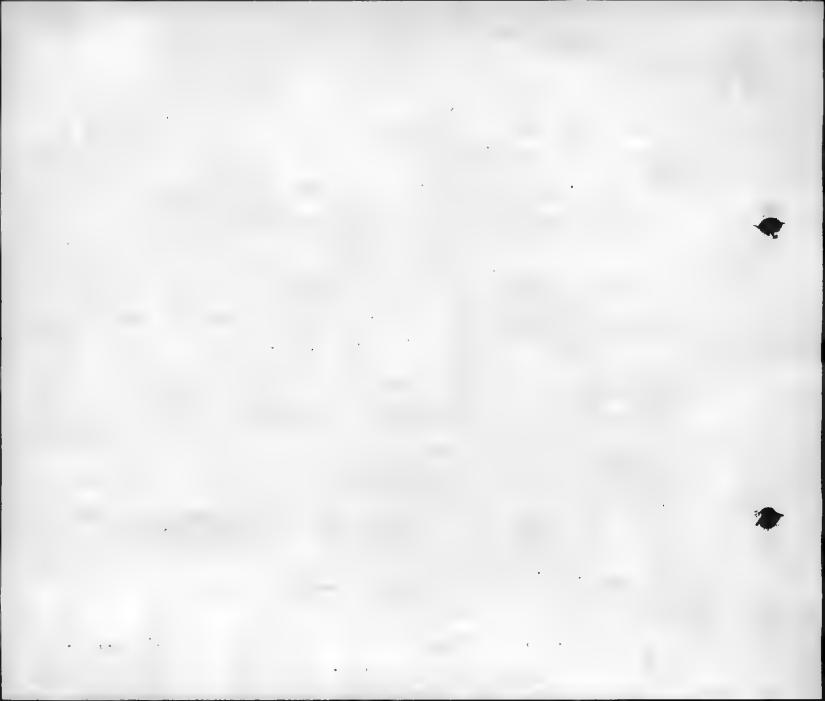
5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

119275

9288 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Mantaumery MARYLAND	o STATE Md b. COUNTY Montes
b. CITY OR TOWN (if pulside disparate limits, wife RURAL c. LENGTH OF STAY IN 1b and appreciation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give yearest town)
Shear Apring 2042.	- Belver Epary
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  IS RESIDENCE ON A FARM?
9000 Flower Cest	9000 Stouch Cur YES NO.
3. NAME OF DECEASED (Type or print) U.O. Care Decease Middle	Last 4. DATE Month Doy Year OF TOTAL DEATH CONTROL TO ST. 195%
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In year) IF UNDER IYEAR IF UNDER 24 HAS
male white WIDOWED DIVORCED []	12-21-1899 5-8 yrs. Months Doys 10018
100. USUAL OCCUPATION (Give kind of work done of the line of such that the line of the lin	RY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTR
engraver 11.5 gril.	at C usa
13. FATHER'S NAME	14. MOTHER'S MÂIDEN NAME
Dannel Marka	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN 19th, mo. or unknown)   If yet, give was or dates of service)	IFORMANT Address
No none to	when I bellen - Ilen -
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	remembras o
DUE TO	I hadd
Conditions, it ony, which) (b) Rell & worker	I thru ledt thest (heart)
gove rise to immediate couse (o), stating the underlying DUE TO	
couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 39, WAS AUTOPSY PERFORMED?  YES NO 120
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (E.	nter nature of injury in Part I or Part II of item 18 )
THI I CAUSE OF DEATH.	1 10 1 120 01 1-
3 20c. TIME OF INJURY Month Day, Your 20d. INJURY OCCURRED 200 PLACE	TE OF INJURY (Hame, form, 20t. (City or town) (County) (State)
Hour o.m () a control White Not white factor	pryjstreet, office bldg., etc.)
21. I certify that I took charge of the remains described above	hand we held an Autorey [] imposting [] to and
opinion death resulted fram: Natural causes, Accident	J, Suicide J, Hamicide J, Undetermined manner
SIGNATURE Frank J. Breachant	M.O. CHIEF MEDICAL EXAMINER [
EXAMINER'S - 2 - 2 - R	ASSISTANT MEDICAL EXAMINER
NAME (Type) FATA J. Drosen. Lr	DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMÁTION, 22b. DÁTE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or county) (Stote)
Burial Aug. 27, 1958 Foot Lincoln	
	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Carbun S. Traus
Marile 6, Jumphicey Silver Spring	, Md. DATE AUG 2 7 '58 Criting S. Krous



09276

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## CERTIFICATE OF DEATH

1		3403		CERTIFICA		OF DEATE	•		Reg. Dist	. No.	
	1. PLACE OF DEATH 0. COUNTY MO	ntgomery		MARYLAND		usual residence (Who. STATE West		d lived If institution	n Residenci	e before admissie	on)
	b CITY OR TOWN (S RURAL and give no	f outside corporate limits, corest lown)	write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF o		prote limits, write RL	JRAL and gi	ve nearest town)	
	Bethesda			49 days	<u> </u>	Fairn	ont			>-	
1	OR INSTITUTION	'AL (If not in hospital, give				d STREET ADDRESS	47	Ctmaat		e. IS RES I	FARM2_
			Bet	thesda 14, Md.		340 L		n Street		YES 🗌	но 🚹
	3. NAME OF DECEASED	First		Middle		Martinez	4. DATE OF DEATH	Mont	ust.	ゔピ	° 58
-	(Type or print)  5. SEX	Benig		(none)	P D	ATE OF BIRTH	DEATH	_		YEAR IF UNDER	
	Male		/IDOWEI			bruary 15,1	.898	9 AGE (In years lost birthday) 60 yrs		Doys Hours	Min
1	100. USUAL OCCUPATION	ON (Give kind of work do- king life, even if retired)	ne 10b. F	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Slote	or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
1	Truck Dr			Trucking		Spain				U.S.A.	
A	13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
Л	Francisc	o Marking				Marie A					
		R IN U. S. ARMED FORCE lif yes, give wor or dates of servi	cel			MANY The Med					
Į	Yes	WW II	2	34-01-1547 7	he	Clinical C	enter	, Bethese	la 14,	Maryla	nd
1		ATH [Enfer only one cous		*						INTERVAL BET	
1		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Se	pticemia							
	20113	DUE TO	۸ -	ucha Masa Tamana		Toulrowio				1 Ye	2.39
1	Conditions, if o	mmediate (O)_	AG	ute Myelogeno	us	Demkeurra				7 10	
	couse (o), stoling lying couse lost.										
		1ER SIGNIFICANT COND!	TIONS CO	ONTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(p) 19 WAS A	UTOPSY
	CATIO									PERFOR	
		S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	ж. DESC	RIBE HOW INJURY OCCURRE	D. (Ei	nter noture of injury in f	orl f or Por	t It of item 18.)			
	20c. TIME OF INJUR	Y Month, Day, Year	While	JURY OCCURRED 20e. PL Not white fo	ACE (	OF INJURY (Home, form, street, office bldg., etc.	20f (Cit)	or lown)	(Ce	ounly)	(Stole)
١						, 1958 , to At	i met.	25 5	4		
ı		igust 25,	ecease	d from July 7, 8, and that death							
	Olive ou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12.2	and that death	ace			TI The Causes a treet, city or town, s			d above TE SIGNED
ı	ACTUAL SIGNATURE	148mile	16	He	M.D.			1 Center	,	8/26/	
		- Jugo	10	4	M.D.			stitutes	of He		
ı	PHYSICIAN'S NAME (Type)	ROGER LES	THR,	M.D.		Bethe	sda 1	, Maryla:	nd		
	220 BURIAL, CREMATIC	N, 22b. DATE THEREOF		22c NAME OF CEMETERY O	R CR			TION (City, Iown, o		(State	)
	REMOVAL (Specify)	8/29/58		Holy Cross			Fair	mont, W.	Virgi	nia	
	23. FUNERAL DIRECTOR			ADDRESS		240. REC.	BY REGIST	RAR 246 REGIS	TRAR'S SIGI	NATURE Trava	
	Robert A.	Pumphrey-Bet	nesc	la, maryland		DATE	9961	C.	-51.1	1 CONTRACT	

letely filled in by the funeral director, s. Pages I and 2 shavid be thed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and compage 3 shauld be detached use as the burial-transit permit. Then please remave carban positive registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



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-7	16		2.2	

**CERTIFICATE OF DEATH** 

					Keg. Dis	r, No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (\		. If institution: Residence b. COUNTY	e before admission)
	Montgomery	MARYLAND	West Virgi	nia	B. COUNIT	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	f outside corporate li	mils, write RURAL and g	ive nearest town)
Bethesda		172 days	Worthingto	n.	P of Amo	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
The Clini	ical Center, Bet	hesda 14. Md.	P.O. Box 3	305		YES NO 🌊
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Nelle	Madaline	Mason	DEATH	August	20 1958
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years   IF UNDER	YEAR IF UNDER 24 HRS.
Female	White widow	ED DIVORCED	June 18, 1	910	8 yrs. Months	Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or fareign country)	12. CITI	ZEN OF WHAT COUNTRY?
	decorating insp	ector - Factor	y West Vi	rginia	T.	. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Charles 1	Mason		Eliza N	atthews		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT The Me		Oroci Address	
No.	(If yes, give wor or dotes of service)		The Clinical		. —	. Maryland
IB. CAUSE OF DE	EATH [Enter only one cause per li		4110 04.44.40C	OCHUCI,	DO VIIO DOM IL	INTERVAL BETWEEN
	ATH WAS CAUSED BY:		broncho-pneu	monia		ONSEL AND DEATH
170X	IMMEDIATE CAUSE (a)					10 111 00
Conditions, if		Carcinoma of	the breast	with wide	enreed	4 yrs.
gave rise to	immediate (	metastases t			opr caa	4 3.04
Lying couse lost	g the <u>Unger-</u>	THE OUR ORDER	o poste and 1	L'TACT		
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	I(m) 19. WAS AUTOPSY
E .	hronic incomplet					PERFORMED?
200. ACCIDENT W	AS UNDERLYING 1 206. DES	CRIBE HOW INJURY OCCURRE			item IR I	YES NO
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)				stome	ch & duodenu
20c. TIME OF INJU	10 While	Not while fa	ACE OF INJURY (Home, for ctary, street, affice bldg., e	rm, 20f (City or to	vn) (C	aunty) (State)
	-		7	1 0	0 40	
	that I attended the deceas		19 <u>50</u> , to	August 2	9, 19, <u>50,</u> that I l	ast saw the deceased
alive an	August 20, 195	$\Omega_{-}$ , and that death	occurred at 4:55			e date stated above
ACTUAL	121 11	( 6)11.11	mba Chaus	ADDRESS (Street, o		DATE SIGNED
ACTUAL SIGNATURE	X Ichery H	2///04	m. <b>v</b> ,	cal Cente		8-20-58
PHYSICIAN'S NAME (Type)	Richard H. Moy.	M. D.		lh. Maryl	s of Health	
220. BURIAL, CREMATIN		22c NAME OF CEMETERY O				
PEMOVAL (Specify	8/23/58	Masonic Cemet			City, town, or county) n, West Virg	(State)
23. FUNERAL DIRECTOR	1-2120	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SIG	
	Pumphrey-Bethesd			AUG 2 2 '58	arthur &	- / -
		a juan y tanu	DATE	MARIA C. CO.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certifinal le executed within 24 llours after death. Page 4 pletely filled in by the funeral director, its. Pages 1 and 2 should be filled with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and P page 3 should be detached use as the burial-transit permit. Then please remave carban put the registrar prior to burial demantan, ar remaval, and in any event within 22-thaus ofter death

VS A15 (4) 15M 10/57



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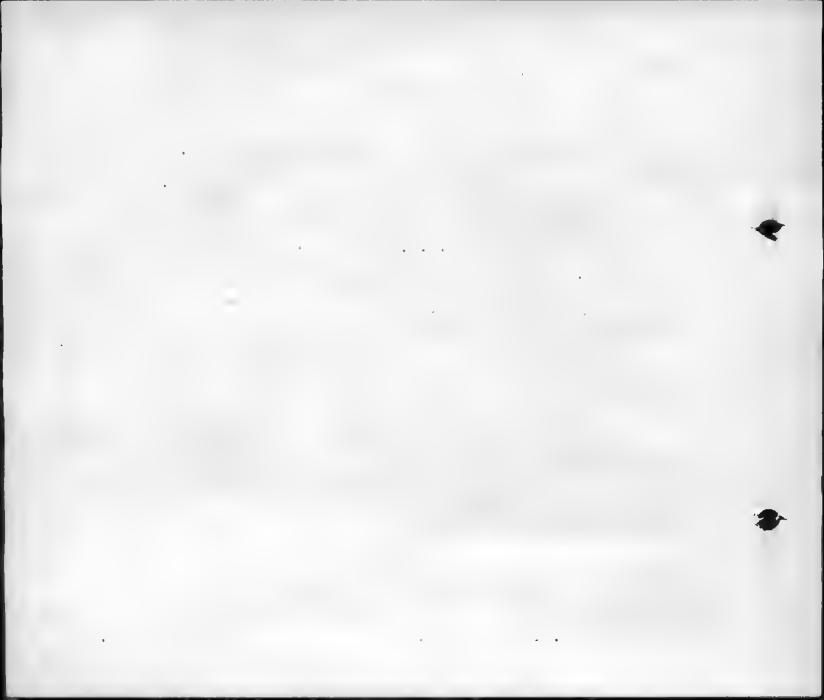
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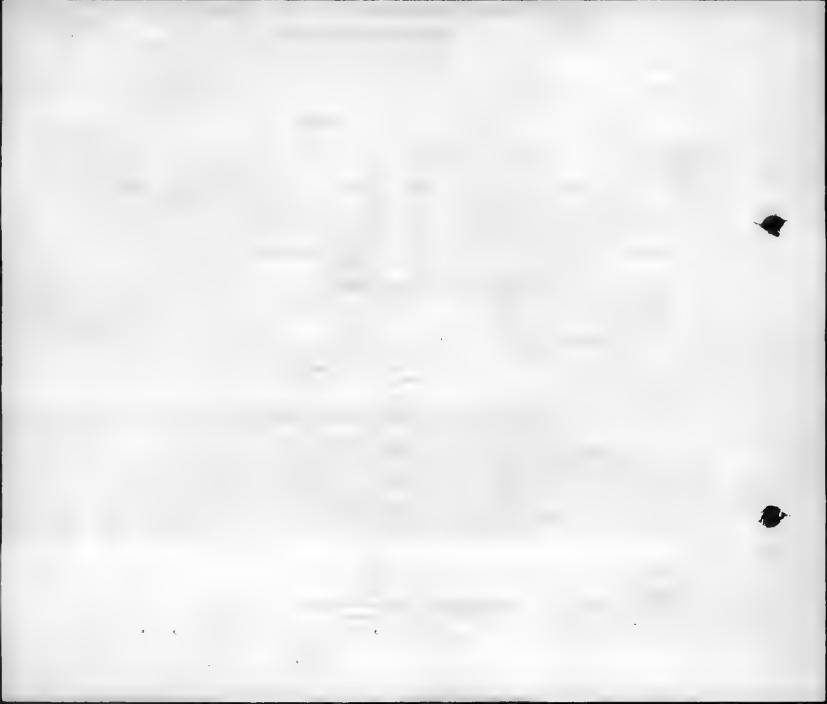
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0901

09278

1. PLACE OF DEATH   CONTROL OF STATE   CONTROL OF S		36	JI						Reg	Dist No.	
B. CITY OF TOWN   II anabos corporate hard, more furth and provided and prove modern lown)  Da. BLESCUS  J YEARS  J YEARS  J STEET ADDRESS  25605 R1d_CR  Rd.  25605 R1d_CR  Rd.  25605 R1d_CR  Rd.  25605 R1d_CR  Rd.  26 STEET ADDRESS  25605 R1d_CR  Rd.  26 STEET ADDRESS  25605 R1d_CR  Rd.  26 STEET ADDRESS  26 STEET ADDRESS  27 SCOOL RD.  27 SCOOL RD.  28 STEET ADDRESS  27 SCOOL RD.  28 STEET ADDRESS  28 SCOOL RD.  28 STEET ADDRESS  29 SCOOL RD.  20 STEET ADDRESS  20 STEET ADRESS  20 STEET ADDRESS  20 STEET ADDRES	1.	PLACE OF DEATH	ntgomery	r		MARYLAND	2. USUAL RESIDENCE (	Where deceased liv	b COUNTY	ildence before	e admission)
d NAME OF REGION OF NOTIFICATION (If not in hospital, give sired oddress)  d STREET ADDRESS  25605 Ridge Rd.  3. MANNE OF FIRE ADDRESS  25605 Ridge Rd.  3. MANNE OF FIRE ADDRESS  25605 Ridge Rd.  3. MANNE OF FIRE ADDRESS  3. SEX ADDRESS  4. COLOR OF RACE ADDRESS  6. COLOR OF RACE ADDRESS  5. MARRIED NAME OF FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME OF FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE ADDRESS  6. COLOR OF RACE ADDRESS  6. MARRIED NAME FIRE			carporate fimils, write i	RUFAL	c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (II	f outside carporate		- Magazin	rest lown)
A STREET ADDRESS   ST		and the second s	CUS		3 7	vears	-			- 0	,
2. NAME OF DETAILS AND PART IN COLOR OF RACE   100   1				not in hospi	L			7		- 10	
DECRASE OF COLOR OF RACE   7. MARRIED   EN NOVER MARRIED   8 DATE OF BIRTH   9 AGE in year.   FUNDER YEAR   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   FUNDER YEAR   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   FUNDER 72 HPS   MOTOR   100.0 STATE OF BIRTH   9 AGE in year.   MOTOR   100.0 STATE OF BIRTH   100.0 STATE   100.0 STATE				-			25605	Ridge	Rd.	,	
Type or print    Typing   Adding   Ad	3.	NAME OF	First	*	Mi	ddle	Lost	4. DATE	Month	Doy	Yeor
3. SEX 6 COLOR OR BACE 7. MABRIED ON NEVER MARRIED   8 DATE OF BIRTH   9 AGE IN STATE   IF UNDER 7 PEAR   IF UNDER 7 PEA			Irving	Maur	ice i	atnev		DEATH	Aug. 30	)	1253
DOUBLE OF CONTROLLING WAS AND PROCESS OF INDUSTRY II. BETHINGLE (Sole or foreign country)  13. FATHER'S NAME  Floyd S. Matney  14. MOTHER'S MAIDEN NAME  Floyd S. Matney  15. WAS DECEASED EVER IN U. S. ARMED PROCESS? IG SOCIAL SECURITY NO. IV. MINORANY  TABLE OF PEATI (Early WAS CAUSED BY. DIVER OF WAS AUTOPSY OF CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0 EARLY WAS CAUSED BY. CO. TO THE COUNTRY OF COUNTRY II. OF CONTROLLING OF COUNTRY OF COUNTRY OF COUNTRY OF COUNTRY II. OF CONTROLLING OF COUNTRY OF COUNTRY OF COUNTRY II. OF INJURY OF COUNTRY II. OF INJURY OF COUNTRY III. OF INJURY OF II. OF	5.	5EX 6 C	OLOR OR RACE	- MARRIED	MOTOR STATE		DATE OF BIRTH	9 A	GE IIn years   IFUNI	ER TYEAR IF	
10. DUAL OCCUPATION (Give kind of work done)   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Siote or foreign country)   10. DOPP   10. DOPP   11. BIRTHPLACE (Siote or foreign country)   10. DOPP   10.		mole	"Lite	WIDOWED	DIVO	ORCED	5/28/1908	les	E C	1 Doys H	lours Min
13. FATHER'S NAME	100	USUAL OCCUPATION G	ive kind of work de	ne 10b. KII	ND OF BUSINE	SS OR INDUSTI		or foreign country	y) 12.	CITIZEN OF V	VHAT COUNTRY?
13. MAD THER'S MANDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAD THE STANDER NAME   15. MAD THE STAND	<u> </u>						Va.			USA	
15. WAS DECEASED EVER IN U. S. ABMED FORCES   16 SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORMANT   TO   17. INFORMANT   TO   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORMATION   TO   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORM	13.	FATHER'S NAME			410 1	9.44.8		NAME			After se
15. WAS DECEASED EVER IN U. S. ABMED FORCES   16 SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORMANT   TO   17. INFORMANT   TO   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORMATION   TO   17. INFORMANT   TO   17. INFORMATION   TO   17. INFORM		Floyd S	3. Matne	V			Evelyn Y	ates			
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), ond (c).]   18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).]   19. CAUSE OF DEATH (Enter only one couse per line for (e), the following of the remains described obove, held on Autopsy (forme, form.) (County) (Store)   20c. TILL OF INJURY (Home, form.) (20f. (City or town) (County) (Store)   21. I certify that I took charge of the remains described obove, held on Autopsy (Inspection (Inquiry (Inq	15.	WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16. S	OCIAL SECURI	TY NO. 17. IN			Address	-	-
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, If only, which gove rise to immediate couse (o), atoling the underlying couse lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PERFORMED?  200. EXTERNAL CAUSE WAS PERFORMED?  YES ON EXTERNAL CAUSE WAS PERFORMED.  200. EXTERNAL CAUSE WAS PERFORMED.  YES ON EXTERNAL CAUSE WAS PERFORMED.  21. I certify that I took charge of the remains described above, held on Autopsy I Inspection I Inquity I, and in my opinion death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined manner I ACTUAL SIGNATURE  220. EXTERNAL CREMATION, 276 DATE THEREOF PART MEDICAL EXAMINER PART PART MEDICAL EXAMINER PART PART MEDICAL EXAMINER PART PART PART PART PART PART PART PAR	(Ye		give war ar dates of sei	rvice)	29-03-	0568	Mr Pear	1 Matne	y Ite.	2	
PART I. DEATH WAS CAUSED BY.  DIMETOR  DIMETOR  Conditions, If ony, which gover rise to immediate cause (e), attoing the underlying course tost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ho.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART HO.)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART			Enter only one coust	per line fo	or (o), (b), ond	tci. l	and the district of the second	-		LINTERVA	LOSTWEEN
DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 20  PART II. OTHER TIME TO THE TIME TIME TIME TIME TO THE TIME TIME TIME TIME TIME TIME TIME TIM		PART I, DEATH WA	AS CAUSED BY.				lusion			ONSET A	ND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  PERFORMED.  PERFO		1				J					00611
gove rise to immediate course (a), atoling the underlying (b).  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part t or Port II of frem 18.)  20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part t or Port II of frem 18.)  20c. TIME OF INJURY Month, Doy, Year Year 19. Not white of work		-4								-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART It(e) 19. WAS AUTOPSY PERFORMED?   YES   NO											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PERMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED CAUSE OF DEATH.  200. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) foctory, street, office bidg., etc.)  201. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquity Industry Occurred Inquity Industry Inspection Inquity Industry Industry Inspection Inquity Industry Inspection Inquity Industry Industry Industry Industry Inspection Inquity Industry		(a), stoling the under									
PERFORMED? YES NO NO  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D  200. TIME OF INJURY Month, Doy, Year While of work of											una de som
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part t or Port II of Hem 18.)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of								ndition given in i		PERFORMED?	
20c. TIME OF INJURY Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work of											
21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquity , appinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE		20c. TIME OF INJURY	Month, Doy, Year	20d. IN	IJURY OCCURI	RED 20e. PLAC	E OF INJURY (Home, form	n. + 20f. (City or to	own)	Countyl	(State)
21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquity , appinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE	ig i	V1 101	10	While	Not while	lefacto	ry, street, office bldg., etc	3			( /
apinion deoth resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []  ACTUAL SIGNATURE	~						e held on Autons	y 🗍 lasas	rtion [7] Inc	: [29	and in my
SIGNATURE  EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER   8/30/50  PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50  PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50    ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MED		1	_		X.,		'	- head		r hand	
SIGNATURE  EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER   8/30/50  PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50  PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50    ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MEDICAL EXAMINER   8/30/50   PROBLEM   ASSISTANT MEDICAL EXAMINER   8/30/50   DEPUTY MED		N O O									
EXAMINER'S PTONK N. Broschert  DEPUTY MEDICAL EXAMINER 8/30/50  270 BURIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION [City, town, or county) (Stole)  REMOVAL (Specify) Dept. 3,1758 Pt. Clivet Fredorick, ad.  23. FUNERAL DIRECTOR'S SCHATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE			zent y	120	notra	1	_M. D			u	ATE SIGNED
PEMOVAL (Specify) Sept. 3,1758 Mt. Clivet Fredorick, a.d. 23. FUNKRAL GRECTOR'S SCHATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE			rank J.	Bro	schart	,		Als.	8/30/	58	
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE	22		26 DATE THEREOF	2	Zc. NAME OF	CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, or count	y)	(Stole)
Ma Damagana Ma			ept.3,1	258	Mt	. Cliv	et	Fre	edorick.	. b.a	
Ulm I Wolsen Dattes Cus, Fla. DATE SEP 4 '58 Cither S. Thous	23.	FUNERAL DIRECTOR'S SIG	NATURE							- / -	though
		Ulm J.	Woles	unt	Da Da	mascus	DATE S	EP 4 '58	Chilling	S. Frank	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

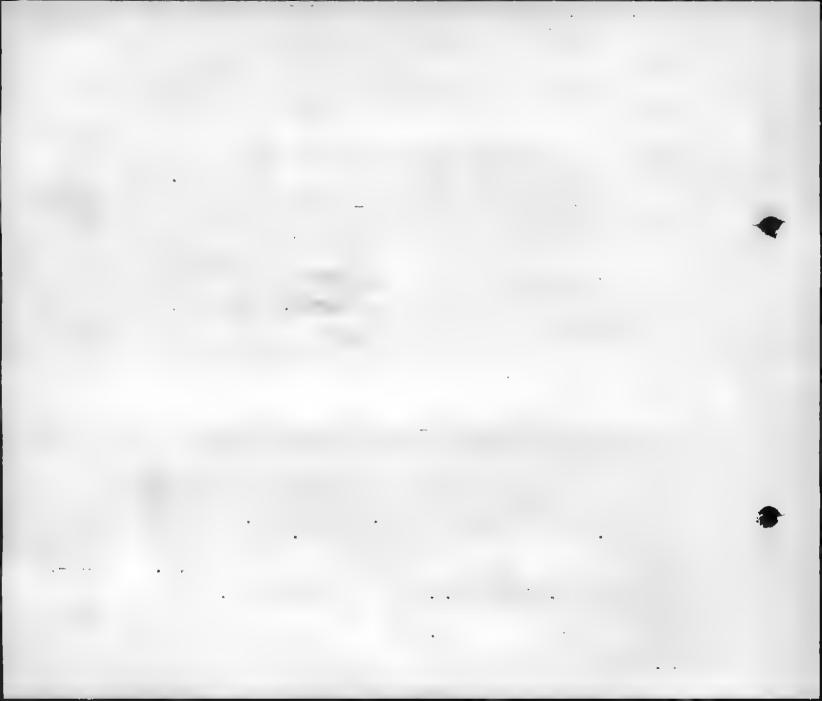


09280

Reg. Dist. No.

_													
1.	PLACE OF DEATH COUNTY ON TOO	nerv		MARYL	AND	o STATE		here decease	d lived. If institution b. COUNT	Υ .			sion)
	b. CITY OR TOWN (If o	utside corporate limi	its, write	c. LENGTH OF STAY I	N 1b	Mary c CITY OR 1		outside corpo	rote limils, write		HOW8.		n)
	RURAL and give near	isl lawn)						City	,	10		,m	•
-	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	give street	oddress)		d STREET A		03.03	·····		<u> </u>	e. IS RES	IDENCE
	iontgomery (					Wood	land	Road					FARM?
3.	NAME OF		rst	Middle		Los		4. DATE	Mo	mth	D	σγ	Year
	DECEASED (Type or print)	WILLIAM	SYK	ES MAY				OF DEATH	Aug.	21,19	58		19
5.	SEX 6	. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		B. DATE OF BIRTI			9. AGE (In years lost birthday)	IF UNDE	R I YEAR		ER 24 HRS
	Male	White	WIDOWI	ED DIVORCED	CX.	6-30-18	70		887		Days	Hours	Min.
100	. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUS	STRY 11 BIRTHPL	ACE (State	or foreign c	ountry)	12. C	ITIZEN C	OF WHAT	COUNTRY
S	aw Mill Wor		"			West	Virg	inia					
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN	NAME					
	Isaac H.	May				Sara	h E	lizabe	th Hev	ner			
15. (Ye	WAS DECEASED EVER II	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 II	NFORMANT	F		Add	dress			
	No			None	LD	ra Delaw	der, E	llicot	t ity,	Md			
				ne for (a), (b), and (c) ]							INT	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism										5day	8	
	JJ & X DUE TO												
	Conditions, if any, which ) [b]												
	gove rise to immediate Court TO												
	lying cause last. (c)												
ğ			_	CONTRIBUTING TO DEA						VEN IN PA	RT 1(o)	19. WAS PERFO	AUTOPSY RMED?
Ş	Aretriosclerotic heart disease chronic myocardial failure										NOT		
CERTIFICATION	20g ACCIDENT WAS I OR CONTRIBUTING II (IF EITHER, NOTIFY ME	JNDERLYING TO CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC	O (Enter nature a	injury in	Part I or Part	t II of item 18 )				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye			20e PLA	ACE OF INJURY (I	lome, forn	n. 20f (City	or town)		(County)		(State)
MED	Hour o.m. p. m.	19	While of wor	k of work	100	.iory, sirect, office	olog, en	"					
	21. I certify that	l attended the	deceas	ed from	Aug	16. 19 58	. ta	Aug. 2	21 19 58	3 that I	last s	aw the	decease
	21. I certify that I attended the deceased from Aug. 16, 1958, ta Aug. 21, 1958, that I last saw the deceased alive an Aug. 21, 1958, and that death accurred at 7.00PM, from the causes and an the date stated above												
	n	ADDRESS (Street city or foun state) DATE SIGNED											
	ACTUAL SIGNATURE	rates S	, 450	waker,	17,	D.		Clarks	ville,M	i.		8-22	-58
	PHYSICIAN'S Char	cles S.Whi	itake	r M.D.		Cla		lle,Mo					
220	BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREC	)F	22c. NAME OF CEMET	TERY OF	R CREMATORY		22d LOCAT	TION (City, lown,	or county)		(Slat	•)
	Burial	8-23-4	58	St. Jo	hns			El	licott (	City,	Md		
23.	FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS			24a. REG	OF REGIST	PAR 24b. REG	ISTRAR'S S	IGNATU	RE	
	TO O THE ASSAULT	thom Elle	100++	Gater 180			DATE	100 2 3	0	mount,	A. 14	ALLA .	

TO FUNERAL DIRECTOR: A page 3 shauld be detached VS A15 (4) 15M 9/55



2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

1. PLACE OF DEATH .

p. COUNTY

HOSPIT

0

o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OPHOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OP STAY IN 16 RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 73911V YES T NO F NAME OF Middle 4. DATE Year DECEASED (Type or print) 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR! IF UNDER 24 HRS AGE (In years lost buthday) Months Days Hours WIDOWED I DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? challengi or 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY/NO 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** SCLEROTIC Conditions, if ony, which gove rise to immediate DUE TO coese (a), stating the underlying couse lost. PART II. OTHER SEENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO 14 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCURE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY [Home, form, 20f. [City or lown] Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) O. m. While of work of work 21. I certify that I attended the deceased from July That I lost saw the deceased and that death occurred of M, from the couses and on the date stated obove. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) BI REMOVAL (Specify) FT. LINCOLN CEMETERY GEO. COUNTY. MD. FUNERAL DIRECTOR'S STONATURE 246. REGISTRAR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR SILVER SPRING, MD. VS A1S (4) 15M 9/SS

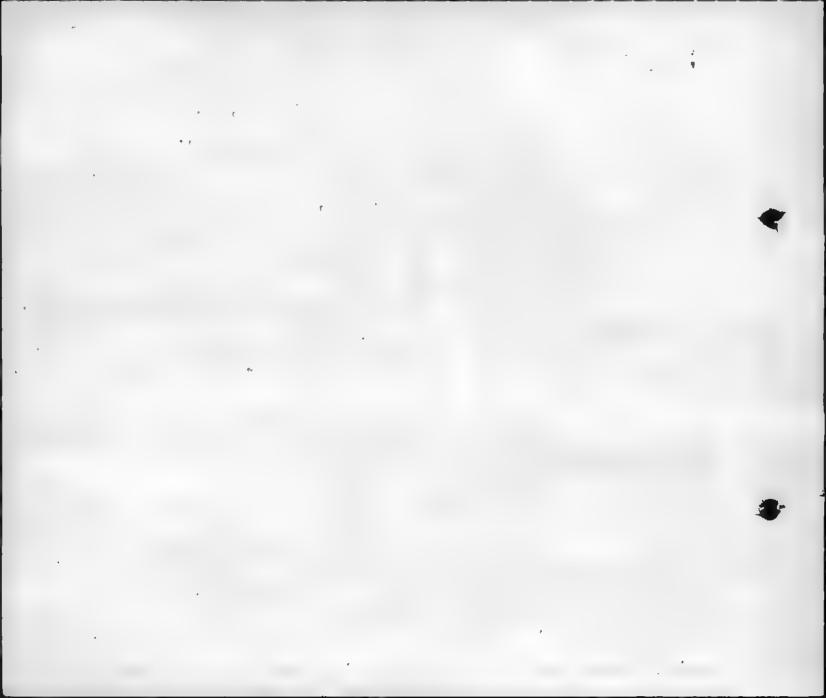


L		9295		CERT	TIFICA	TE OF D	EATH			Reg. Dist	l. No.	(1000
1.	PLACE OF DEATH o. COUNTY MOIT	tgomery		MA	RYLAND	2. USUAL RESID	ence (When	e deceased i	ived. If instituti b. COUNTY			
	b. CITY OR TOWN (I RURAL and give no Norbeck	f outside corporate l'i iorest tawn)	mits, write	e length of \$1/			t Vil		te limits, write R	URAL ond gi	ve nearest	town)
	d. NAME OF HOSPIT OR INSTITUTION St Philom	AL (If not in hospitol, ena Rest	give street of Home	ddress)		d. STREET A. 2720	DDRESS	th Ave			0	RESIDENCE ON A FARM? S NO
3.	NAME OF DECEASED (Type or print)	MARGARE	int T	Mide ELLEN		le NAMAR		OF DEATH	Aug		30,	Year 19 58
	sex female	6. COLOR OR RACI	7. MARRIE	DIVOR		Jan 25,		9.	AGE (In yeors			INDER 24 HRS ours Min.
100	during most of work Hou	ON (Give kind of working life, even if retire Sewife	k done 10b. K	IND OF BUSINESS  Vn home	OR INDUS	Pitts	burg I	foreign cour Pennsy	ylvania		ZEN OF W	HAT COUNTR
13.	FATHER'S NAME	atrick Mo	Lind	en		14. MOTHER'S Marga		ME ?				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give wor or dotes o NO	E service)	OCIAL SECURITY N		omas E	Me Nam	nara	Kent V		e Ma	ryland
CERTIFICATION	Conditions, if a gove rise to it couse (o), storing lying couse lost.  PART II. OTH	the <u>under</u> DUE 1	(o) (b) (c) (c) (c) 20b DESCI	Engle Long to BOTRIBUTING TO B	Control But					ZEN IN PART	34 mye	AND DEATH  REPORTED  AS AUTOPSY  REFORMED?
MEDICAL	20c. TIME OF INJUR Hour o. ft. p. m.		ear 20d, 1N.	Not white	20e. PLA foc	CE OF INJURY () tory, street, office	tome, form, bldg., etc.)	20f. (City o	r fown)	(Co	ounty)	(Stole
220	actual signature	charles M	Weber	of and the	METERY OF		Rocky	ille,	the causes of et. offy or town, e. LAND  Md.  ON (City, Jown, e.)	and on the	vela	the decease tated above DATE SIGN CALL VILL (State)
	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS sville,			24a. REC'D		R 24b. REGIS	STRAR'S SIGI	NATURE	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and correctly filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remark catbon point. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remaral, and in any event within 72 houry after death.

VS A15 (4) 15M 9/55



41	10		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIM	ORE, 18 $09283$
D	75	li	Stems 4, 10b & 11, Film G-23,3 9	ATE OF DEATH	Reg. Dist. No.
Page 4		1	PLACE OF DEATH COUNTY RESMUN San A + HaspMARYLANG	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland	
deoth.			CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)  Bethesda	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest town)
s after y the fu 2 shoul	cin	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION COSMOTE Rest Home	d. STREET ADDRESS 4317 Maple Ave.	e. IS RESIDENCE ON A FARM? YES NO M
24 hour led in b		3.	NAME OF DECEASED Type or print)  Middle	Melor 4. DATE OF DEATH	Manth Day Year
within letely fil			6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DIVORCED DIVORCED DIVORCED	1 B. DATE OF BIRTH 9. AC	August 16/17, 19 58  E (In yeors   F UNDER 1 YEAR   F UNDER 24 HRS.   birthdoy)   Months   Days   Hours   Min.   75 yrs.   O 22
executed completed control		1.	USUAL OCCUPATION (Give kind of work done on the during most of working life, even if retired)  Countant  Bookkeeping	DUSTRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cian and carbon safter de	1	13.	FATHER'S NAME Joseph Mellor	14. MOTHER'S MAIDEN NAME Unknown	, VIII
ing physician remove car	5		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. no. or unknown) [If yes, give wor or dates of service) 094-10-8529	Mary S. Mellor -It	Address
attendir attendir in please t within			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Carolina  7.		INTERVAL BETWEEN ONSET AND DEATH .
s that the d by the nit. The iny even			Canditions, if any, which ) (b) (/enwolge	- from Urinay Beade	les - 48 hr.
requires an. n signec sit pern			couse (a), stating the under   DUE TO   lying couse tost.	accusion of Blestoler & 20	That & Bruin C Mr -
he law physici nas beer rial-tran	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B Careann of grand framed.		DEDECORMECO
tending ificate ificate the bu		L CERTIF	OR CONTRIBUTING 11 CAUSE OF DEATH	RED. (Enter nature of injury in Port I ar Port II of	item 18.)
PHYSIA tal ar al this cert use as		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a. jr. p. m. 19 While of work 0 of work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	vn) (County) (Stote)
in Noing to haspi to After ached			21. I certify that I attended the deceased from 19 and that dec		27 19,that I last saw the deceased causes and on the date stated above.
RECTOR			ACTUAL SIGNATURE Offm S. Ball	ADDRESS (Street, o	ity or town, state)  DATE SIGNED  WN Rd. Beth. Md. 8/16/58
retain RAL Di should strar pu	- 1		PHYSICIAN'S John G. Ball	7936 Old Georgeto	wn Rd. Bethesda, Md.
may be of FUNE page 3 the reg			BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 8/19/58 Parklewn C		City, town, or county) (Stote) ville, Maryland
VS A 15 (4) 15M 9/55	Y	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey Bethesda, Maryla:	240. REC'D BY REGISTRAR DATE AUG 1 9 158	24b. REGISTRAR'S SIGNATURE
15M 9/55	-	_	Louista, Maryla	DAIS	



ADDRESS

8-20-58

Danzanski, 3501 14th St., Washington, D. C.

23. SUNERAL DIRECTOR'S SIGNATURE.

he 0 VS A15 (4) 15M 10/57

INTERVAL BETWEEN ONSET AND DEATH mknon PERFORMED? YES NO JET (County) (State) 50 that I last saw the deceased 8:45A·M, fram the causes and an the date stated above. U.S. Naval Hospital, Bethesda, Md. 8-18-58 U.S. Naval Hospital, Bethesda, Md. (Stote) Arlington Nat'l Cemetery Arlington, Va. 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE PAUG 1 9 '58

09284

21.5

e. IS RESIDENCE

Day

U.S.

Days

ON A FARM?

YES NO X

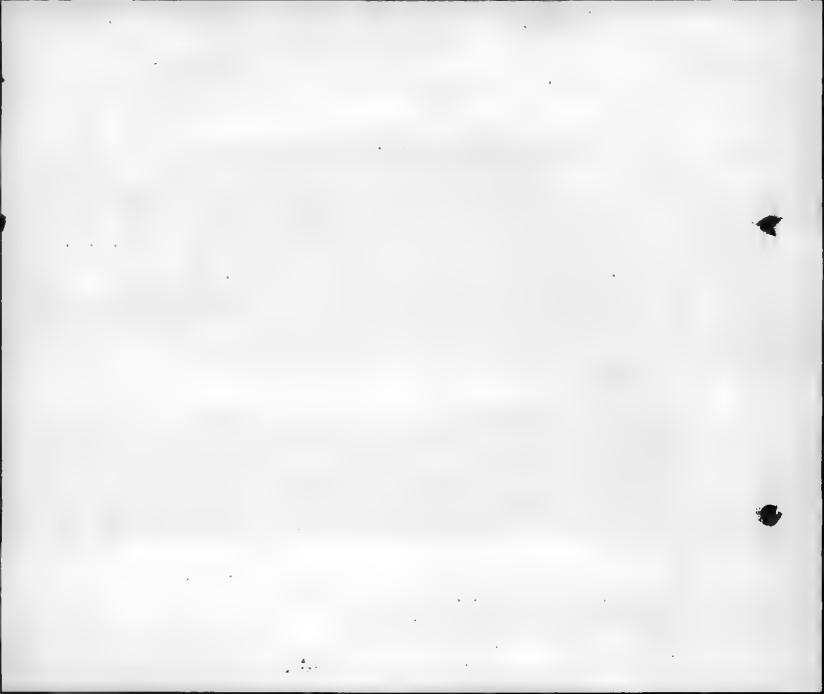
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عد ا	K	L				CERTI	IFICA	TE OF DEAT	H		Reg. Dist. h	lo.	
director,		1.	PLACE OF DEATH	:		44.40		2. USUAL RESIDENCE (W	here deceased	l lived. If institution	: Residence bi	fore admis	ion)
	(")	1_	Montge				rLAND	Virginia		F	airfax		
funeral			RURAL and give i		s, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (IF	outside corpo	role limits, write RU	RAL and give	nearest town	n)
the funera			Bethese			1 day		Idylwood			- A.	***	
N.K.	20		OR INSTITUTION	TAL (If not in hospital, 9 inical Cente			. Md	d. STREET ADDRESS Fairfax	Drive.	Box 100		e. IS RES	SIDENCE A FARM? NO 🙀
and bra		3.	NAME OF DECEASED	Fin		Middle		Last	4. DATE	Month		Day	Yeor
# T			(Type or print)	Ethe	lwyn	Iren	ie .	Mever	OF DEATH	Augu	st	8.	1958
ely fille Pages		5	SEX	6. COLOR OR RACE	7 MARRI	ED NEVER MARRI	ED 🔲 🖁	DATE OF BIRTH		9 AGE (In years	FUNDER I YE	AR IF UND	ER 24 HRS
olete rs.			Female	White	WIDOWE	D DIVORCE	D 🗌	May 2, 190	9	lost birthdoy) 49 yrs.	Months Day	Hours	Min
E	1	10a	USUAL OCCUPAT	ON (Give kind of work of king life, even if retired)	ione 10b. 1	CIND OF BUSINESS C	OR INDUS	TRY 11 BIRTHPLACE (Stole	or foreign co	ounfry)	12. CITIZEN	OF WHAT	COUNTRY?
degi degi			Social Wo			unknown		New	York		U.	S. A.	
5 g % 2	( * /	13	FATHER'S NAME					14 MOTHER'S MAIDEN					
S C S			Edward S	Hine				Ethe	lwvn A	. Edwards			
physician remave car 2 haurs aft			WAS DECEASED EV	ER IN U.S. ARMED FOR		OCIAL SECURITY NO	). 17. IN	FORMANT The Me	dical	Record Addre	33		
72 Fe			No	(iii yes. give was as access or so		ascertaina		The Clinic				ı. Mar	fore for
andi eas			18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (a), (b), and (c).	.]				112	ITERVAL BE	ETWEEN
4 E			PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Ce	rebrovascu	ılar	Hemorrhage			O	NSET AND	DEATH
the The			304.2	DUE TO				1					
, i i			Conditions, if	ony, which ] Acu;	te My	loblastic	leuk	em/a				3 Weel	KS
ned n an			gave rise to cause (a), stating										
n sig			lying couse lost		)				_				
sicial peen ransi		Z	PART II. O	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIVE	N IN PART 1(o	19. WAS	AUTOPSY
play indi-tion		3											DRMED?
ing te h		CERTIFICATION	20a ACCIDENT W	AS UNDERLYING TO	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Part I or Part	II of item 18.)			
fica fica the			(IF EITHER, NOTIF	MEDICAL EXAMINER)									
to street		WEDICAL	20c. TIME OF INJU	RY Month, Day, Yea		JURY OCCURRED	20e. PLA	CE OF INJURY (Home, fore	n, 20f. (City	or town)	(Coun	у)	(Stole)
ol a his ux ema		A E	Haur o.m. p.m.	19	While of work	Not while of wark	1	or y areas, or nee crogs, ca					
ig.			21. I certify t	hat I attended the	decease	d from Aug	ust 8	3 1958 to 1	August	8 , 1958	that Clast	saw the	decensed
A A D				ugust 8	1258	₹	death	accurred at 6:00	PM. from	the causes ar	d on the c	late state	ed above
4 % of 0				000	, 0	,			ADDRESS (SI	reet, city or town, st	ote)	0 (- 9	ATE SIGNED
o to			ACTUAL SIGNATURE	Itahard	12	· MD	M	The Clin	nical (	Center		8/9/	20
E B P					0			Nationa	Insti	tutes of	Health	1	
nay be reta FUNERAL page 3 shou he registrar	·		PHYSICIAN'S NAME (Type)	3. RICHARD	LEE.	M.D		Bethesda	a 11, 1	laryland			
N S S	•	220	BAPIAL CREMATIC	ON, 22b. DATE THEREO	F	22c NAME OF CEM	EJERY OR	CREMATORY	22d. LOCAT	ION (City town, or	(Junty)	(Stot	e)
FCN FCN Page The re	W.,	1	June	(eng/3.)	1958	ont a	llie	1st	In	ederics	/_ /	da	Morris
2		23.	ENTERNAL DIRECTO	'S SIGNATO	A 14	MORRESS	11	24a. REC	D BY REGIST	RAR 246 REGIST	RAPS SIGNAT	URE.	/
VS A15 (4) 15M 10/57			The	hm		Falls Co	un	MPATE	1 9 10	158//10	hun) -	1 7/2	AUS
			17 17 7					AUU	1. 1.	JAN -	Mary 9	150%	-



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ARYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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ATE OF DEATH

09286

	9189	CERTIFICA	ATE OF DEATH	Reg	. Dist. No.
	1. PLACE OF DEATH  o. COUNTY  A COMMENT	MARYLAND	2 USUAL RESIDENCE (Where do. STATE	b COUNTY	nce George's
	b. CITY OR TOWN (If gutside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If pulside	e corporate limits, write RURAL o	and give nearest town)
	RURAL and give nearest town)	12 hours	Washi	ington 28. D. C	. 1/2X · 2
-	d NAME OF MOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS	21. 0011 2.19 2.9	e. IS RESIDENCE
ł	lipshington zaitari	um + Hespita	1,808 West	Avenue	YES NO
İ	3 NAME OF DECEASED First	Middle		DATE Month	Day Year
	(Type or print)	James		DEATH AIRTIET	1 54 1958
ı	S. SEX 6. COLOR OF RACE 7. MARE		8. DATE OF BIRTH	9. AGE (In years IF UN	IDER TYEAR IF UNDER 24 HRS
	Mile WA to WIDOW	- 1	8-14-58	last birthday) Mont	ths Days Hours Min
	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or for		CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
-[	lities I amount 1	nonahon	Ci / T	44 /	
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	2/1
-	(Yes, no, or unknown) (If yes, give war or dates of service)	, h	what 11 +	. According	
-	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a) (b) and (c) )	DIBC'S CHUTT		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A	P./ / m	21/1/	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	emounts	, Mmonaky	uTelect asis	
	A	1 /		(Secondary)	
-1	Conditions, if any, which gave rise to immediate (b)	Reprai Co	ngestion red	em ce	
1	couse (a), stoting the <u>under-</u> lying couse lost.		V		
		CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL I	DISEASE COMPITION COURT IN	DART IV-120 18045 ALLTORSV
	ICATI	ONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMINAL L	JISEASE CONDITION GIVEN IN	PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part t	or Part II of item 18.)	
1	÷ 1		CE OF INJURY (Home, form, 20)	f. (City or town)	(County) (State)
1	Hour a.m. p. m. 19 While of wor	k ot wark	roly, sieer, critice blogs, etc.,		
1	21. I certify that I attended the deceas	ed from 8=21	, 19_58, to	8-21, 19 E8 tha	t I last saw the deceased
1	alive on 8-24 19	58 and that death	accurred at 3:13 pM,	from the course and a	n the data stated above
1				MESS (Street, city or Jawn, stole)	DATE SIGNED
	ACTUAL SIGNATURE 5	Aug/se	un Inbana	a Charle	he of
1			W.D	The state of the second of the second of the second	101-0
1	PHYSICIAN'S PRIMA HUCHOS.	M.D. Washingto	n Sanitarium & I	Hornital Tales	o Dowle Ma
F	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		LOCATION (City, town, or coun	
	Cremation 8-27-58		mitarium & Hosp.		11
1	23. JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o, REC'D BY		
	( over acknown ) Washing	gton San. & Ho:	SP. DATE SEP	2 '58 centlar	7 S. Krous

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# MEALTH DEPT.

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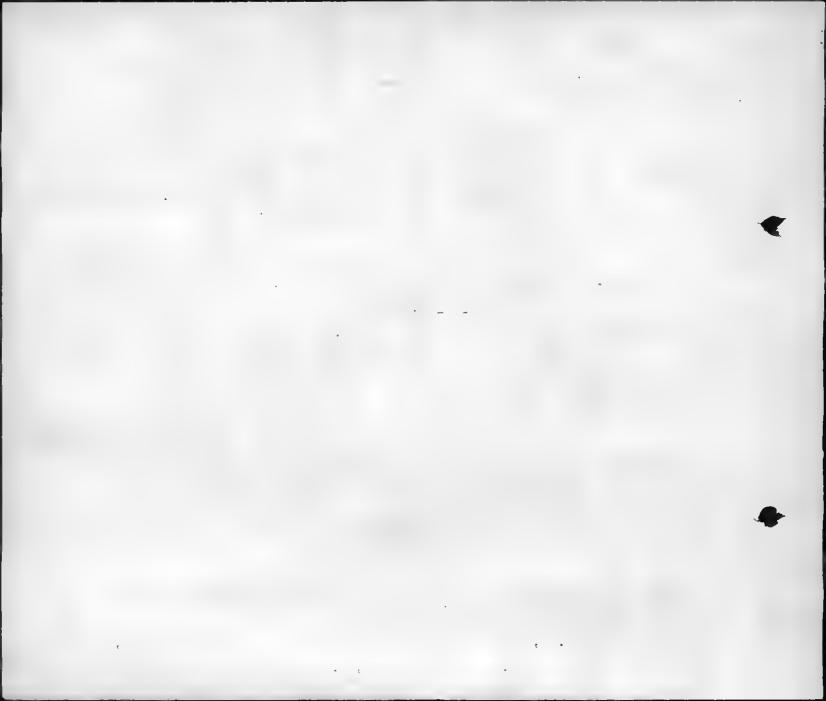
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alay is necessary, please uneral director. Page tained for your files, State Board of Health, eath.

P	400	ě	Š	Ü	
Ž.	execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2. and 3 to the full	4 shauld be forwarded to 🔭 Chief Medical Examiner's Office along with form PM3. Part I may be refe	3 should be used as a burial-transit permit. File pages I an with the St	nithin 72 Hours ofter de	
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51	W ;	2/5	1		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JAUL	Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
month omery MARYLAND	o. STATE med b. COUNTY Marita			
b. CITY OR TOWN (f autitide corporate limits, write RURAV ond give pagarest foun)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)			
Rockwelle 64m	Ranksmill.			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
4604 Bayne cf	1 4604 Bayne CL YES NOD			
3. NAME OF DECEASED First A Middle	Less 4. DATE Month Day Year			
(Type or print) Carrie Elisabeth	Marsing DEATH Con 25 1958			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH  9. AGE (In years / IF UNDER 1YFAR IF UNDER 24 HRS			
male white WIDOWED   DIVORCED	12-1-12 / Wind Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY			
Dwn Home	Ila M-SC.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Educa Lettumbhones	Marguet Busher			
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address			
No. 579-32-6536 Jh	una Morris - Jam a Dlun 2			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ]	INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rependitive	Ful in			
DUE TO //	I will			
Conditions, if ony, which) (b) Multiple	Delerones la dans			
gove rise to immediate couse (a), stating the underlying DUE TO				
coute foil.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?			
	YES NO 🖸			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH.	nter nature of injury in Port I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLAC While Not while factor	E OF INJURY (Home, farm, i 20f. (City or town) (County) (State)  ry, street, office bldg., etc.)			
p. m. If of work of work				
21. I certify that I taok charge of the remains described above	ve, held on Autapsy 🔲, Inspection 🔍 Inquiry 🔣, and in my			
opinion death resulted fram: Natural causes [2], Accident [	], Suicide [], Hamicide [], Undetermined manner []			
1 0 0	DATE SIGNED			
SIGNATURE Trans	_M.D. CHIEF MEDICAL EXAMINER L			
EXAMINER'S FIRE ALL TO	ASSISTANT MEDICAL EXAMINER			
NAME (Type) JANK J. 13tusch & ist	DEPUTY MEDICAL EXAMINER (S)			
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county) (Stote)			
BURIAL AUG. 28, 1958 GATE OF REAVEN	THE PARTY OF THE P			
	G.MD. Out BRIC 2 2 159 Criby of Frank			
LOUMCE CO. CHUMP COLLY SILVER SPRIN	IG MD. DATE ALIG 2 8 '58 Conthe of S. Mana			



## FOR STATE

1. If any delay is necessary, please of 1 to the funeral director. Page of be retained for your files. I that he State Board of Health, ours after death. Pag Pag I on

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9300

09289 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No.

_		The state of the s
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where	deceased lived. If institution: Residence before admission)
	a. COUNTY M en Termery MARYLAND STATE Mel	b. COUNTY Mande
П	b. CITY OR TOWN I'M outside perporate hinds, with RUBAL C LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside	e corporate limits, write RURAL and give marest lawn)
	and give regger (own)	P. L-BIT
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	le. IS FEE DENICE
	Washington 16 DC Washing	Lie De YES NO FARM?
3.	3. NAME OF DECEASED First Middle Lost	TE Menth Doy Year
		ATH Cong 4 /0,5819
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 Hks
	male whate WIDOWED   3-28-1900	yrs. Months Doys Hours Min.
100	10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or for	ign country) 12. CITIZEN OF WHAT COUNTRY?
'	German Luckers (10 construction)	21. S. G
13.	13. FATHER'S NAME	
	De la la la la la la la la la la la la la	11/11/11/11
15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	(Yes, right of withness)   If yes, give wer ar dates of service)	6500 illumping Rel
=	- muhour Strank	5 Beshweli 14, my
	18. CAUSE OF DEATH [Enfer only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	HILIEVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Coronary Declusion	surdolin
	14.20, DUE TO	
	Conditions, if any, which) (b)	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause last. (c)	
l Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	
18		PERFORMED?
I E	200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or F	ort () of item 18.)
l a	FRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
13	\$ 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120)	. (City or town) (County) (State)
MEDE	While Not white factory, street, office bldg., etc.)	
1	21. I certify that I took charge of the remains described above, held an Autopsy	Inspection [7] Insulan [7]
		, Inspection [2], Inquiry [3], and in my
	opinion death resulted from: Natural causes [2]. Accident []. Suicide [], Homi	cide [, Undetermined manner]
	ACTUAL OF A O O O O O O O O O O O O O O O O O	NAME OF TAXABLE PARTY.
	SIGNATURE Trank On Broschart M.D. CHIEF MEDICAL EXAMIN	
	ASSISTANT MEDICAL EXA	C 4 1050
	NAME (Type) - AANK J- BAUSCH ZAT DEPUTY MEDICAL EXAMI	+ r
220	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d.	LOCATION (City, Jown, or country) (State)
	June 1/8/38 Willington Mat. Elle	coming loss Oa
23.	23. FUNERAL DIRECTOR'S MIGNATURE ADDRESS 5 1 2 249 REC'D BY R	
1	(Merry Charles James / James Mith. I and Thouse Alla	8 '58   Workeauch



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DIRECTOR:

moy be retoi



1 PLACE OF DEATH

Reg. Dist. No. 215 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

ı	Montgomery	MARYLAND	New Yo	ork 6. COUNTY	Queens			
ľ	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	outside corporate limits, write RL	JRAL and give nearest lown)			
I	Bethesda (Rural)	29 days	New York	City - Forrest	Hills 'C'			
Ì	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE			
ı	U.S. Naval Hospital, NNM	,Bethesda,Md.	109-15 Qu	ueens Boulevard	YES NO 🔼			
ı	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mont	th Day Year			
ı	(Type or print) Edward	Frank	NOLAN	DEATH Augu				
	S. SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Haurs Min.			
	Male White WIDOV		2-5-93	65 yrs.	Months Days Hours Min.			
1	100 USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
ı	Administrative U.	S. Government	Illinois		U.S.A.			
1	13. FATHER S NAME		14. MOTHER'S MAIDEN					
	Frank H. NOLAN		J	J. SAUNDERS	•			
ı	(Yes, no or unknown) (If yes, give wor or dates of service)		NFORMANT	Addr				
	Yes WWI & II		rs. Rae F. No	olan (wife), sa	me as #2 above			
1	18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY:	ine for (o), (b), and (c).]		7.	INTERVAL BETWEEN ONSET AND DEATHS			
1	IMMEDIATE CAUSE (o)	ruominas c	circuma	iosis	2 months			
1	1571 X DUE TO	0.	·4.000	, , , )				
I	Conditions, if any, which gove rise to immediate	1 / www.	a provery	punereas)				
1	couse (o), stoting the under-							
Ì	(19)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE CONDITION CIVI	EN IN PART ION TO WAS AUTOPSY			
1	PAIT II. OTHER SIGNIFICANT CONDITIONS		THE THE THE TENT		PERFORMED? YES 12 NO 1			
1	200 ACCIDENT WAS UNDERLYING 1 20b. DE OR CONTRIBUTING 1 CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Part 1 or Part II of item 18.)	I IES [A NO [.]			
ı	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ı		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	m, 20f. (City or town)	(County) (State)			
1	Hour o. m. p. m. 19 of we	Not while	tory, street, office bldg., etc	c.]				
1	21. I certify that I attended the decea	sed from July 10	1958 to At	ugust 8 1058	"that I last saw the deceased			
ı	olive on August 8 19	58 , and that death	occurred of 7:471	M. from the couses of	nd on the date stated above.			
l	CX as all	di.		ADDRESS (Street, city or town, I				
ı	SIGNATURE / NCCCCUA	Avair -	M.D. U. S. Na	aval Hospital,	NNMC 8-9-58			
1	PHYSICIAN'S				***			
Į	NAME (Type) J. E. MC CLENAT	IAN, CDR,MC,USN	Betbesda	a 14, Maryland				
1	220 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d LOCATION (City, town, o				
	Burial 8-13-58	Northwood Cer		No. Philadelp	The state of the s			
	23. FUNERAL DIRECTOR'S SIGNATURE	Chadoress Washing	gton, DC 1	D BY REGISTRAR 246 REGIS	TRAR'S SIGNATURE			
L	W. W Chambers Co., 1400	Chapin St. N.W	455	1 / 195B//rd	Trus D. Nraus			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page moy be retained by the hoseis TO FUNERAL DIRECTOR: Afti page 3 should be detached the registrar prior to buriol, e VS A15 (4) 15M 10/57

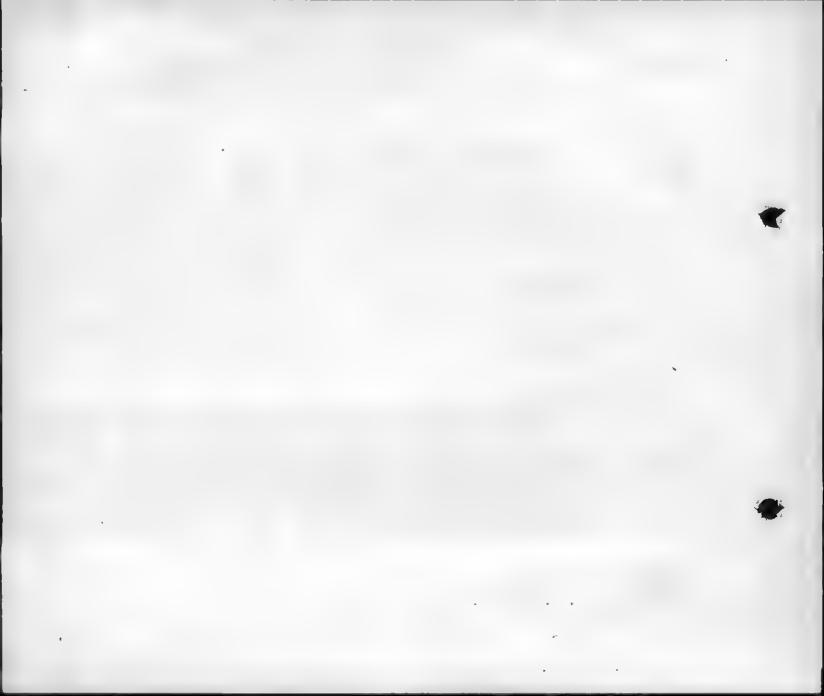
or attending physician.

Certificate has been signed by the attending physician and charses as the buriol-transit permit. Then please remove carbon parmation, ar removal, and in any event within 72 hours ofter death.



VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND MONTGOMERY MARVE AND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) SILVER SPRING 29 years SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME 2109 HANOVER STREET 2109 HANOVER STREET YES I NO 3. NAME OF First 4. DATE Middle Lost Month Year THE REAL PROPERTY. 158 [Type or print] ELSIE C. PENICKS DEATH AUGUST 23 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH 9. AGE (In years
lost birthday) Months Doys Hours FRMALE WIDOWED T DIVORCED | JUNE 20. 1885 yrs 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) NAT'L. DEFENSE D. A. R SOUTH DAKOTA U. S. A. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN CYRUS RAYNSFORD 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address THOMAS B. PENICKS, 2109 HANOVER ST., SILVER SPRING NO 579-16-6800 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY days IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TI-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 ) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.] Hour o. m. Not while ol work Ol work 21. I certify that I attended the deceased from 2/24 2-3 1958 that I last saw the 'deceased \_\_, and that death accurred at 10.2EPM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ALC: UNK MD 9321 GEORGIA AVE SILVER SPRING SIGNATURE

PHYSICIAN'S NAOMI T. LUCIUS NAME (Type)

22o. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) CREMATION 24 1958

IATIG .

FORT LINCOLN CREMATORY

22c. NAME OF CEMETERY OR CREMATORY

24o, REC'D BY REGISTRAR

22d LOCATION (City, town, or county)

PRINCE GEORGE'S CO. 24b. REGISTRAR'S SIGNATURE

(State)

AUNERAL DIRECTOR'S SIGNATURE **ADDRESS** AUG 2 6 '58 SILVER SPRING. MD.

Ó VS A15 [4] 15M 10/57



PA 1 500	Reg. Dist. No.
DEPT.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
M \	MONTGOMERY MARYLAND STATE FLORIDA & COUNTY BROWARD
M /	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ond give nearest fown)
	SILVER SPRING 2 MONTHS HOLLYWOOD
- ;	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
	731 SILVER SPRING AVENUE 1829 FUNSTON STREET
	NAME OF DECEASED (Type or print) NELLIE CAROLINE PERSON Hiddle Lost 4. DATE Month Doy Year OF DEATH AUGUST 17 19 58
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lout birthday) Married Never Married Never Married Never
	FEMALE WHITE WIDOWED DIVORCED JAN. 1, 1875 83 yrs. Months Doys Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  HOUSEWIFE  OWN HOME  ANGEL ISLAND, CALIFORNIA U.S.A.
	13. FATHER'S NAME
	FREDERICK LUTZE ELLEN P. EDGERTON
<i> </i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
/	NO NO NO NO NO NONE JOHN T. McMENOMY, 731 SILVER SPRING AVES.S
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  TINIERVAL RETWAIN DISSI AND DEALH  S must
	gave rise to immediate cause [a), stating the underlying OUE TO cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19, WAS AUTOPS' PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II of item 18.) CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  While Nat while of work of wor
	21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [], Inquiry [], and in n
	apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
	SIGNATURE John & Ball M.D CHIEF MEDICAL EXAMINER [] DATE SIGNED
4,5	EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER AUG. 17, 19
	270. BURIAL CREMATION. 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City. fown, or county) BURIAL AUG. 20,1958 ARLINGTON NATIONAL CEMETERY, FORT MYER, VA.
	3. FUNERAL DIRECTORY SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
	Warres Co. Jamphice & SILVER SPRING, MD. DATE AUG 2 2'58 arthur of thome

DATE AUG 2 2 '58



death.

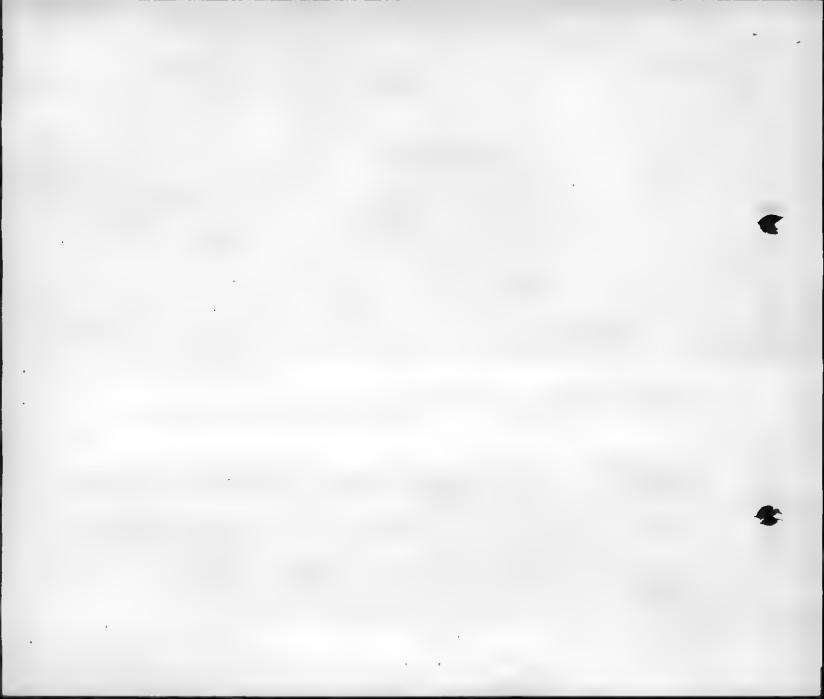
HOSPITAL



5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

dutside carparote limits, write RURAL and give nearest town) ON A FARM? YES NO IF UNDER TYEAR 12 CITIZEN OF WHAT COUNTRY? ONSE AND DIATH hour PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPS PERFORMED? NO [ (County) (State) Inspection [ Inquiry [ apinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 9307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. REALTH DEFT. L PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Health, o STATE **b.** COUNTY SULPHIAME. b. CITY OR TOWN at pulside corps c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) 200 70 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ofdress) d STREET ADDRESS e. IS RESIDENT ON A FARM? YES NO 🔀 3 NAME OF DATE Middle Month Dov Year DECEASED (Type or print) DEATH 1953 5. SEX OLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In year) IF UNDER TYPAR IF UNDER 24 HRS. fort b rthdoy) Months Dovs WIDOWED [ DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working file, even if retired) 12 CITIZEN OF WHAT COUNTRY? 1 Balograptus 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Fannie B. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (If yet, give war or dates of service) NO 212-24-2622 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Didden 6 X DUE TO brillet would the ale Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stating the underlying COUSE | OLT. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19 WAS AUTOPSY PERFORMED? NO 🐼 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury is Port 1 or Port II of irem 18) Month Doy, Year 200 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (State) factory, signet, office bldg, etc.) of work of work 21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection opinion death resulted from: Natural causes . Accident . Suicide K. Homicide ... Undetermined manner ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE A ASSISTANT MEDICAL EXAMINER IT **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 29. 1958 FORT LINCOLN CEMETERY AUG... GEORGE S. COUNTY 23. FUNERAL DIRECTOR'S-SIGNAFURE 240. REGISTRA 24b. REGISTRAR'S SIGNATURE Ciriling S. Frank VS. A15ME DATE 5M 2/57



Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If Institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND polypmen b. CITY OR TOWN III outside corpérate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give frebrest town) and give nearest town! Kh nu d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO D NAME OF 4. DATE First Day Month Year DECEASED OF DEATH (Type or print) 19 % 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HRS. Days Months Moster Min. WIDOWED TO DIVORCED I yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most affwarking life, even if retired) Homemaker Own-home ne bic 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 14. SOCIAL SECURITY NO. Address ame 249 res yes, give war or dates of services none 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Noles IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which ) gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in fort | or fort |) of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while al work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry , and find that death resulted from: Natural couses V, Accident , Suicide , Homicide . Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 🗔 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town/or county) (Stote) REMOVAL (Specify) 8/7/58 NOCK CREEK CEMETERY BURIAL WASHINGTON, D.C. **ADDRESS** 23...FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR SILVER SPRING, MD.

AUG 6

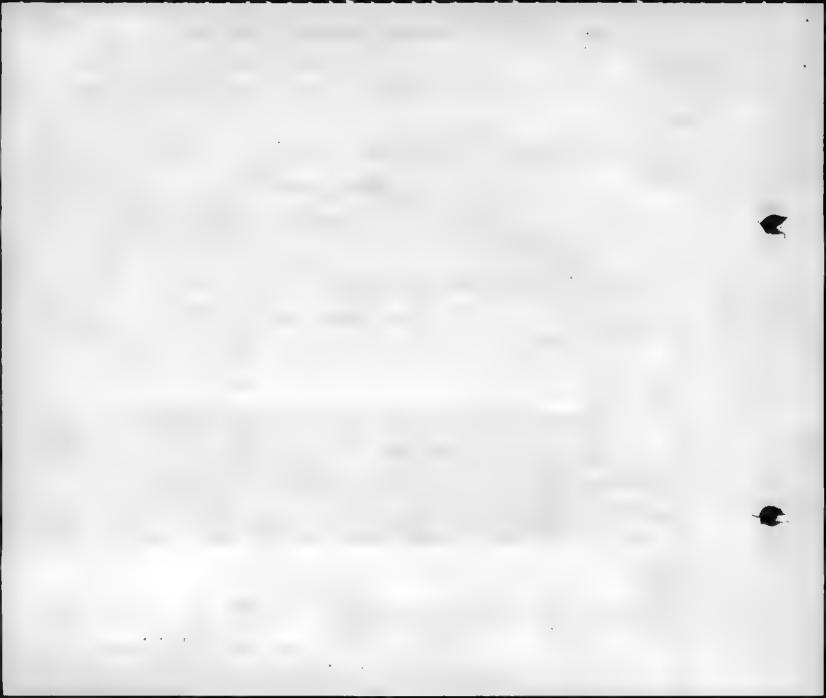
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VS A15ME(S) 5M 9/55

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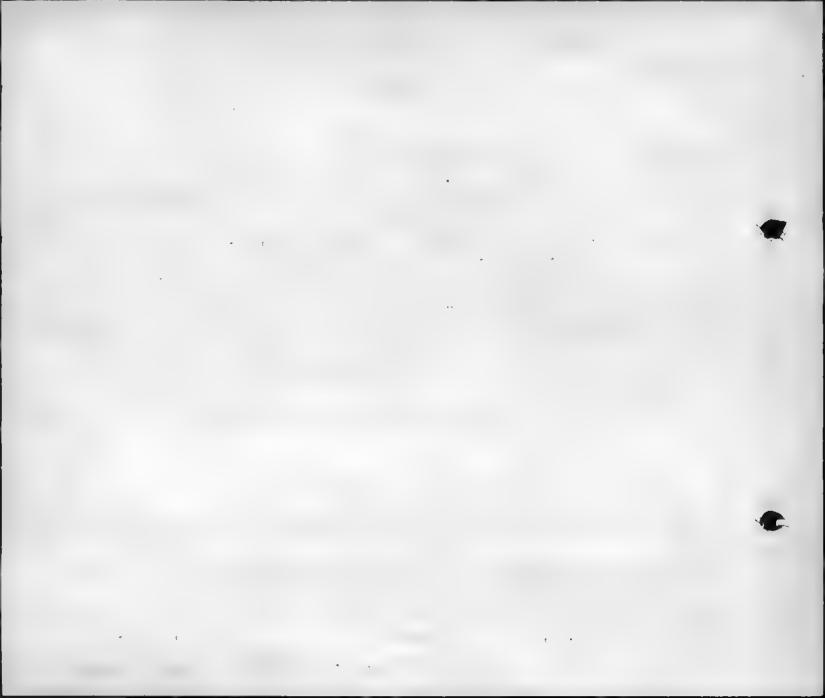
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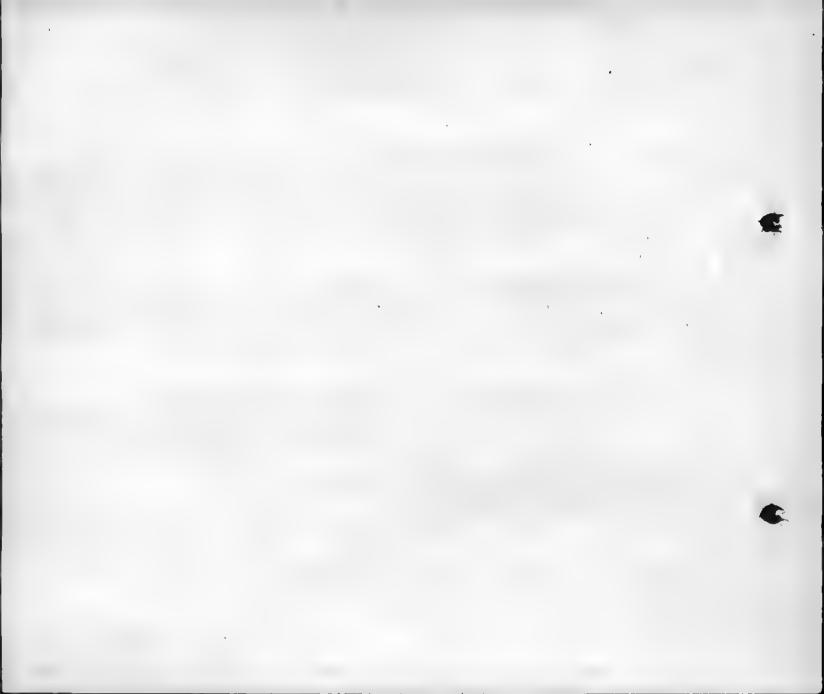
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

0200

. 3303	CERTIFICA	IL OI PLAIII	Reg.	Dist. No.
1. PLACE OF DEATH  o. COUNTY  MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where on STATE	deceosed lived. If institution; Residence b. COUNTY 401	dence before admission) UTGOMERY
RURAL and give nearest town) + SILVER SPRING	ENGTH OF STAY IN 16		e corporate limits, write RURAL or	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION 91-7 SECOND ALLNE		d. STREET ADDRESS	ND AUT NUT	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First , DECEASED (Type or print) HATTLE	Middle M.	Lasi 4.	DATE Month OF DEATH AUGUST	Day Year / / / / / / / / / / / / / / / / / / /
5. SEX 6. COLOR OR RACE 7. MARRIED [ WIDOWED [ ]		MAY 4, 1873	9. AGE (In years IF UNIT last birthday) Syrs.	DER I YEAR IF UNDER 24 HRS. Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)  HOUSE WITE	OF BUSINESS OR INDUST	Lock Haven,		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME IN JOHN N.	GAST	14. MOTHER'S MAIDEN NAME		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXX	XX HARRIET S. MI	EYERS
(Yes, no, or unknown) a fif yes, also wor or dates of services		FORMANT ILSON RAGSDAL	403 Address (17)	ESTOME READ
	(o), (b), and (c).]	HEART 1	HILLRE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate coese (a), stating the under-lying couse lost.	HITIRAL IN	usurricinocy		3 YEARS.
PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN F	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED.	. (Enter nature of injury in Port	or Port II of item 18.)	
Hour o. m. While	Y OCCURRED 20e. PLAC Not while of work	CE OF INJURY (Home, form, 2 ory, street, office bldg., etc.)	DF. (City or town)	(County) (State)
21. I certify that I attended the deceased folive on AUGUST 18, 1958	rom. $CC7 \cdot /O$	occurred ot 730CN	C (17 (8, 19 53, that I, from the couses and on RESS (Street, city or lown, stote)	I last sow the deceased the dote stated obave.
SIGNATURE Damesa, Roll	acets "	10. 5707 GEURI		AUG. 18,195
PHYSICIAN'S JAMES A. R	2)33809	> /L. Ut	- X 3/1/10 10/2	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify)	NAME OF CEMETERY OR		LOCATION (City, lown, or count	, , , , , , , , , , , , , , , , , , , ,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Silver Spring	24a. REC'D BY	REGISTRAR 246. REGISTRARS	





VS A15 (4) 15M 10/57 0400

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	91	.33		CERTIFICA	AIE OF DEATH		Reg. Dist.	. No.		
>	1. PLACE OF DEATH  COUNTY  OF ONT G	OMERY		MARYLAND	2. USUAL RESIDENCE (Who		Institution. Residence	before admissi	on)	
	RURAL ond give no	7 1	s, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (IF or			re nearesi lown	V	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street oddress	)	d STREET ADDRESS	ILLE	***	e. IS RESI	DENCE	
	WASHING	STON SAN	ITARIUM	1 + HOSP	3103 NI	ICHOLSON	57.	YES [	FARM?	
	3. NAME OF DECEASED	Fire	stt	Middle	DC-10st	4. DATE OF	Month	Day Y	'eor	
	(Type or print) 5. SEX	16. COLOR OR RACE	CET	NEVER MARRIED [	REEVES 8. DATE OF BIRTH	DEATH AU	GUST ,	YEAR IF UNDE	9.3 8 R 24 HRS	
	FE	WH	WIDOWED	DIVORCED [	4-8-05	9 AGE (In lost birth	hdoy) Months D	ays Hours	Mm.	
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work oking life, even if retired)			STRY 11 BIRTHPLACE (Stole	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?	
	H-SWf		OWN	HOME	SCOTL	AND	CI	PNADI	9	
	13. FATHER'S NAME	M O D			14. MOTHER'S MAIDEN N		10n -15			
	15. WAS DECEASED EVE			. SECURITY NO 17 II	NFORMANT O	T COCH	Address Address			
	[Yes, no or unknown]	(If yes, give wor or dottes of se	ervece)		140spital Ke	ards				
		ATH [Enter only one co		o), (b), and (c).)	. 10			INTERVAL BET		
	PART I, DEA	IMMEDIATE CAUSE (0) Clouderal Juse Heering 24 how								
	Conditions, if o	DUE TO	100	A- oher	ting Sul	Fatel Ho	Mapolan	481	LALL	
	gove rise to i	mmediate (	~ 1			0 1	- V- COLL	707	-	
	lying couse last	(c)		tructure	Duo deva	I weer		3 1110	ulle	
	CATIC	HER SIGNIFICANT CONI	DITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITK	ON GIVEN IN PART I	1(o) 19. WAS A PERFOI YES []	RMED?	
	(IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	(Enter nature of injury in P	ort I or Parl II of item	18.)			
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	While N	OCCURRED 20e. PL/ of while for work	ACE OF INJURY (Home, form, form, street, office bldg., etc.)	20f. (City or town)	(Co	ounty)	(State)	
		at 1 ottended the		,,,,	1.12 12756' 10 CG	equest 161	9.SE, that I lo	st saw the	deceased	
	olive on Lu	g-ct-16	_ 1958_,	, and that death	occurred of 4	M, from the cai	ses and on the	dote stote	d obove.	
	ACTUAL SIGNATURE	ple of	Fellia	und	4.0. 8760 Cal	ADDRESS (Street, city of	le Selver	fring C	TE SIGNED	
/	PHYSICIAN'S NAME (Type)	ysle /	Moulliam	S M.D	* *** ** ** ** ** ** ** ** ** ** ** *			0	0 /	
	220. BURIAL, CREMATIO REMOVAL (Specify)		958 Bi	MANE OF CEMETERY O	R CREMATORY	POCATION (CITY)	Jown, or county)	Kary	loud	
	23 FUNERAL OFFECTOR		~ ~	DOMESS OF ALL OF ALL OF	1 240. AC'D	BY REGISTRAR 246	REGISTRAR'S SIGN	NATURE /		



		202		CERT	FIC	ATE OF	DEATH			Reg. Dist.	٠,٠	9303	
1.	PLACE OF DEATH O. COUNTY MO	ntgomery		MAR	LAND	2. USUAL RES	Mary.		ived. If institution b. COUNTY		Residence before admission) Ion tgomery		
	RURAL and give ne Rockvi	TTe		5 Year		e. CITY OF		ville	te limits, write R	URAL ond giv	e nearest to	vn)	
	d. NAME OF HOSPIT OR INSTITUTION 1622 Bur	AL (If not in hospital, gi	ve street od	ldress)		d. STREET 1622	ADDRESS Burr	is Rd	•			SIDENCE A FARM? NO X	
3.	NAME OF DECEASED (Type or print)	ERNES	T	Middle B • R		INGER	ast	4. DATE OF DEATH	Aug		Day	Yeor 1958	
	sex Male	White	7. MARRIE			B. DATE OF BIR		16 %	AGE (In years lost birthday)	Months D	YEAR IF UNI		
P	hotograp	N (Give kind of work d ing life, even if retired) her	one 105. Ki	OV t	RINDU	stry 11. birthi Boye	PLACE (Stole o	or foreign cour , Pa.	ntry)		EN OF WHA	T COUNTRY?	
		. Renning					S MAIDEN N. Flor	ence l	Bird				
1S (Ye	Yes	R IN U. S. ARMED FORCE If you, give wor or dutes of se WW II	1.43	5-05-155		oan I.	Wife Renn	inger	Sá Sá	es ane as	s Ite	m 2.	
		TH [Enter only one could be co		for (a), (b), and (c)	1	4 129	cel	else	02		INTERVAL I	BETWEEN D DEATH	
	Conditions, if or	DUE TO	2	"olo-na	w	1 in	suf	fuer	ency		4/2	yrs.	
z	lying couse lost.	the under DUE TO (c) ER SIGNIFICANT COND	Eug.	ane ane	[]	ua:	eca	for	in		4/2	- ye	
CERTIFICATION									CONDITION GIV	EN IN PART I	PERF YES	AUTOPSY ORMED?	
		MEDICAL EXAMINER)		RIBE HOW INJURY O									
MEDICAL	20c. TIME OF INJUR Hour o, m. p. m.	f Month, Day, Yea	r 20d. INJ While of work	URY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY dory, street, offi	(Home, farm, ice bldg., etc.)	20f. (City o	r town)	(Con	untyj	(Slote)	
	21. I certify the alive an/  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	W. G. Ha	_, 125_		death	accurred a	L'Mont	DORESS (Sire	the causes and the city or town, the causes of the causes of the causes of the cause of the caus	nd an the	date sta	ATE SIGNED	
220	BURIAL CREMATIO REMOVAL (Specify) Burial	8-5-58		Arlingt	etery o	R CREMATORY Nat 1	Cem.	22d. LOCATIO Arlii	on (City, town, ongton,	Virg:	inia.	ole)	
23	ROBERT A	S SIGNATURE PUMPHRE	Y	ADDRESS Bethesda	, M	Id.	24a. REC'D	BY REGISTRA	1 0 4 0	PRAR'S SIGN			

ompletely filled in by the funeral director, appers. Pages I and 2 should be-fifted with TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be relained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: "Yet this certificate has been signed by the attending physician or page 3 should be deta." for use as the burial-transit permit. Then please remove carbot VS A15 (4) 15M 9/55



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE

Criting & Knows

240 REC'D BY REGISTRAR

DATE AUG 1 8 '58

9194 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b.** COUNTY MARYLAND unlaumery b. CITY OR TOWN (If oulside corporale limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 17/11 0 d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Dencer YES TI NOT armyery NAME OF Middle 4. DATE Yeor DECEASED (Type or print) DEATH (sigust 17 74 19 5. SEX 9. AGE (In years 7. MARRIED TINEVER MARRIED T 8. DATE OF IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) WIDOWED [ DIVORCED | wi 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Defense acc-Dent. of Mashington 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Chevy Chase Md. Rice -2818 Spencer Rd. Mrs. Vera INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 6/0 X DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bidg, etc.) O. m. Not while ot work ot work p. m 21. I certify that I attended the deceased from C.that I last saw the deceased and that death accurred at 14.12 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) Oliver E. Thompson 220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Arlington Nat! 1 Com. Arlington Virginia

ADDRESS

The S. H. Hines Company-Washington, DC

Filed uneral VS A15 (4)

15M 10/57



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9310 Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ball 6. COUNTY Prince Georges MARYLAND M Montgomery Marvland funerol CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) å RURAL and give nearest town) thesda (Rural D Bethesda Cheverly 3 davs d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2418 Lake Ave. U.S. Naval Hospital, Bethesda, Md. YES NO X 3. NAME OF Middle 4. DATE Month Year Day DECEASED Proffit RIDLEY (Type or print) Pearl DEATH 58 August 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys March 1887 WIDOWED X DIVORCED Female White 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife U.S. Housewife Prince Edward Isa Canada corbo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cerlificate Charlotte Crozier James H. Proffit 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Daughter) Mrs. Charlotte R. Walkins (Same As#2) 12-26-5 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 21 August 24 August that I last saw the deceased 12:30PM, fram the causes and an the date stated above. August and that death accurred at ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE U.S. Naval Hospital, Bethesda, Md. 8-25-58 should FUNERAL I PHYSICIAN'S NAME (Type) James M. Young, U.S. Naval Hospital, Bethesda, Md. 226 DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county] (Stote) pode REMOVAL (Specify) Forrestdale Cemetery Horyode, Mass. O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Francis Gasch & Sons, Hyattsville, Maryland DATE AUG 2 6 '58 arthur & Traces 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
A	9312 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived o STATE)  A STATE  O STATE	(If institution Residence before admitsion)
131	b CITY OR TOWN (If outside corporate limits, write crength of STAY IN 1b c. CITY OR IQWN (If outside corporate limits, write RURAL ord give means it town)	nis, write RURAL and give neglest town)
111	d NAME OF HOSPITAL (If not in hernital gave street address)	e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) William Ezra Fos's DEATH	Month Day Year Arcia 2 1958
		E (In years IDONDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min.
I	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  during most of work ng life, even if retired):  LL. J. KELLER CO. T. 25.	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  10 Sight 8055 14 MOTHER'S MAIDEN NAME  17 72 741	?
	15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. INFORMANT [Yes, no or unknown] (If yes, give wor or dates of service)  YES—UN KNOWN MYS. Liller To	Adding
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  M  O  T  T  T  T  T  T  T  T  T  T  T  T	PEUTE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) the ACTERIOSCIENT A	FAIT 75 11 VIES
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	
٥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS OF CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS OF CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS OF CONTRIB	YES NO NO
	200 ACCIDENT WAS UNDERLYING OF DEATH OF THE PROPERTY OF THE PORT O	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 Of work of two of work of two of work of two of work of two of work of two of work of two o	(County) (State)
	21. I certify that I attended the deceased fram 19, to 8/1- alive an 19, and that death occurred at 10, 29AM, from the	, 19 , that I last saw the deceased causes and on the date stated above
	ACTUAL SIGNATURE ADDRESS (Street, ci	by or town, slote)  DATE SIGNED  THE SIGNED
1	PHYSICIAN'S CHONCET TSJARISE-1219	Britante 101
	REMOVAL (Specify)	City, town, or county) (Stole) Omery County, Md.
5),	23. FUNERAL DIRECTOR'S SIGNATULE ADDRESS 240. REC'D BY REGISTRAR  DATE ASIG 5 '58	246 REGISTRAR'S SIGNATURE
	75 37 thropen her Belinder Mig.	



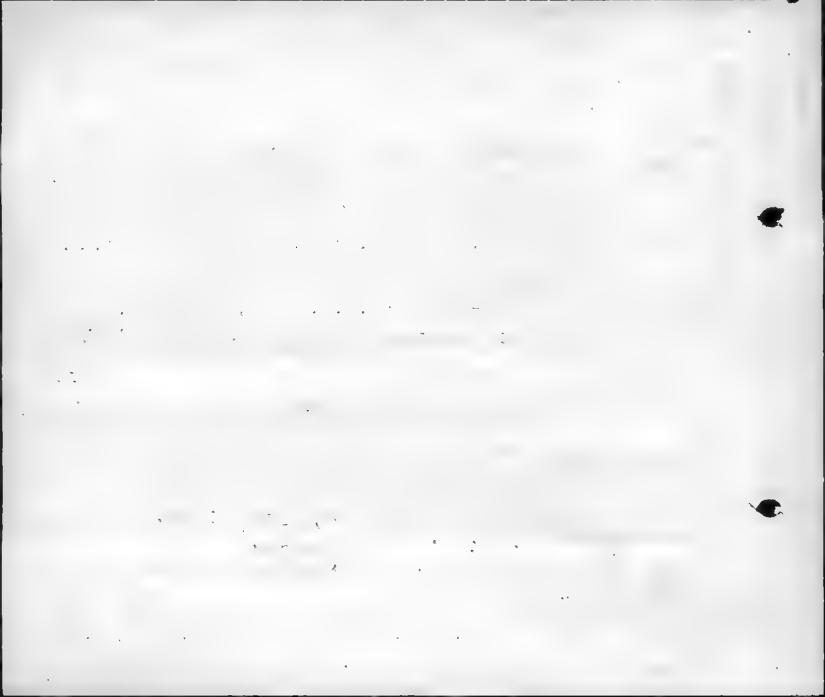
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

		o. COUNTY MONT	GOMERY		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE MARYLAND b COUNTY MONTGOMERY							
_		b. CITY OR TOWN (If o RURAL and give near SII	outside corporate limit est town) VER SPRIN		c. LENGTH OF STAY		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  SILVER SPRING							
•		d, NAME OF HOSPITAL OR INSTITUTION			/ 8803	ADDRESS	Avenue					IDENCE FARM?		
		3 NAME OF First DECEASED (Type or print) OLIVER			Middle C		io SABI		4. DATE OF DEATH		onth GUST	Da	,	Year
		SEX 6	COLOR OR RACE	7 MARR	HED NEVER MARRIE		DATE OF BIRT	ГН		9. AGE (In years last birthday) 73 yrs		Days		R 24 HRS Min
)	E	usual occupation during most of working ingineer & P	j liře, even il relired)	) L_	KIND OF BUSINESS OF			raska			-1		S.A.	COUNTRY?
			win Sabin				14. MOTHER :	2 WATER IN	AUWE	unkno	WIII.			
		WAS DECEASED EVER III	N U 5 ARMED FOR rea, give wor or dates of si	(aprive	50CIAL SECURITY NO. 77-07-9148		ORMANT S. F. L	. Goo	dwin,		dress			
0	FICATION	PART 1. DEATH IN SOCIETY OF THE PART 1. DEATH IN SOCIETY OF THE PART 1. DEATH IN SOCIETY OF THE PART 1. DEATH IN DEATH I	WAS CAUSED BY: AMEDIATE CAUSE (o)  DUE TO  which (b) ediate DUE TO  conder (c) SIGNIFICANT CONI	DITIONS C	encloty encloty encloty encloty encloty encloty ontributing to DEA						erissi	ve.	10 9. WAS	whe
	MEDICAL CERTIF	OR CONTRIBUTING (IF EITHER, NOTIFY ME  20c. TIME OF INJURY  Haur a m. p. m.	CAUSE OF DEATH DICAL EXAMINER)	r 20d. IN	NURY OCCURRED Not while of work	20e. PLAC	E OF INJURY I	IHome, form	, 20f. (City		11	County)		(State)
1		21. I certify that alive an ACTUAL SIGNATURE  PHYSICIAN'S FRINAME (Type)		B.	1 1	death o	occurred of observed of the ob		ADDRESS (SIN	the causes reet, city or lown	and an t		le state	deceased above. ATE SIGNED
		BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREO 8/8/58	F	22¢ NAME OF CEME			7		ION (City, town, CE GEO.		/ 1M	(State	9)
		FUNERAL DIRECTOR'S S		1	ADDRESS				D 8Y REGISTS		ISTRAR'S SIG			
	u	Dauner a	5. Tury	KRLI	SILVER SPE	RING,	MD.	DATE RE	10.0 15	58 ( ) ( )	Merce	uch		

ely filled in by the funeral director, Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 is certificate has been signed by the attending physician and control as as the burial-transit permit. Then please remave carban paration, ar remaval, and in any event within 72 hours after-death. may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been spage 3 should be detached ( se as the burial-transit the registrar prior ta burial, compation, ar removal, and

VS A15 (4) 15M 10/57



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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1314				ERT	FIC	ATE	OF D	EATH	1			Reg. D	Dist. No	. 21	15.
1. PLACE o. CO	E OF DEATH DUNTY							2. <b>US</b> U		ENCE (Wh	ere deceas	ed lived. If	f institutio	on: Reside	ance befo	re admis	sion)
Mo	ntgomer	У				MARY	LAND	Ma	ryla	nd					M.		
	Y OR TOWN (II		ote limit	r, write	c. LENGTH	OF STAY	IN 1b	c. C	ITY OR TO	OWN (If o	utside corp	arote limits	, write RI	JRAL one	i g ve ne	arest low	n)
Bet	hesda (	Rural)			4 de	ys		Ro	ckv1	lle .	26						
d NA	ME OF HOSPIT	AL (If not in ho	pital, gi	ve street o	oddress)			d. 9	TREET AD	DRESS	1						SIDENCE A FARM?
U.S	. Naval	Hospit	al,N	MMC,	Bether	da,M	ld.	Ci	rcle	Driv	re,Gle	enn H	ills				NOT
3 NAM	E OF		First	F		Middle			Lost		4. DATE		Moni	th .	Do	у	Yeor
	or print)	Joh	n		Leon	nard	SO	CHAEF	ER		OF DEATH	A:	ugus'	t	17		19 58
5. SEX		6. COLOR OR	RACE	7 MARRI	IED NEVE	ER MARRI	ED 🔲	B. DATE	OF BIRTH			9 AGE (	In years		_		ER 24 HRS
Mal	.e	White		WIDOWE	D 🔽	DIVORCE	D 🔲	6 Ma	y 18	71		87	yrs.	Months	Doys	Hours	Min
10a USL	IAL OCCUPATION MOST OF WORK	N (Give kind o	f work d	one 10b I	CIND OF BU	SINESS O	RINDU	STRY 11.	BIRTHPLA	CE (Stote	or foreign	country)	-	12. C	ITIZEN C	F WHAT	COUNTR
Spec	ial pol	ice Off	icer	Pa	per Co	negmo	IV.		Ger	many				1 1	U.S.		
	ER'S NAME			1				14, M	OTHER'S A	MAIDEN N	IAME				-		
Lec	nard SC	HAEFER						Ch	rist	ine	(Last	name	unkı	nown	)		
	DECEASED EVE	R IN U. S ARMI			SOCIAL SECL	JRITY NO	), 17. I	NFORMA	NT				Addr	ess			
No		or yes. gave nor or		,			(Da	aught	er)	Aneet	te HAI	LL	(St	ame a	as #	2)	
1B.	CAUSE OF DEA	TH [Enter only	one cou	se per lin	e for (o), (b)	ond (c).	1									ERVAL BI	
	PART I. DEA	TH WAS CAUSE	D BY:	Art	erioso	clerc	tic	Hear	t Di	sease	9				ON	SET AND	DEATH BYS
7	Lower		OUE TO													30	
l c.	nditions, if or	ny, which )	AL V	Art	erioso	clero	sis	. Ger	eral	ized						years	
go	ve rise to in	nmediate (	LOTE TO	-												-	
	ise (a), stating l ng couse lost.	he under-	{c).	Cer	ebral	Arte	rios	scler	osis								
		IER SIGNIFICAN	1 1								NAL DISEA	SE CONDIT	ION GIV	EN IN PA	RT I(o)	19. WAS	AUTOPSY
Ĕ				_											,,,,,	PERFC YES	DRMED?
20a.	ACCIDENT WA	S UNDERLYING	0 1:	20ь. DESC	RIBE HOW I	NJURY O	CCURRE	D. (Enter	noture of	injury in F	Port I or Pa	rt II of iten	18.)			113	1404
	CONTRIBUTING ITHER, NOTIFY	CAUSE OF I	DEATH										,				
	TIME OF INJUR	/ Month, Do	ry, Year	20d. IN	JURY OCCU	RRED	20e. PL	ACE OF I	NJURY (H	ome, form	. 20f. (Ci	y or town)			(County)		(\$tote)
20c	Hour o.m.		19	While	Not wh	ile				bldg., etc.		,,			(County)		(2,016)
	p. m.			of work			1		-0		<u> </u>						
21.	I certify the		d the	decease	d fram]	L3_At	igus:	ti, 1	9.58,	tal	7 Aug	ust,	19.50	_,that	last so	aw the	decease
aliv	re an /-/	August		., 19_2	8 1, ar	nd that	death	accurr	ed at±						the do	ite stat	ed abay
			-147	1 .	1							Street, city				_	ATE SIGNE
SIGN	HATURE M	1cust	1111	108.K	e 1/			M.D. U.	S. N	aval	Hosp	ital,	Bet	hesd	a Md	. 8-	17-58
PHY:	SICIAN'S A.	MIALE	JR.	LT M	C USN			U.	s. N	aval	Hosp	ital,	Bet	hesd	a Md	•	
	IAL, CREMATION				22c. NAME	OF CEMI	ETERY O	R CREMA	FORY		22d. LOC/	ATION (City	r, lown, o	r county)		{Sto	te)
	OYAL (Specify)	8-2	1-58	1.	George	e Was	hin	gton	Memo	rial	Park	Par	amus		New	Jers	еу

21-58 George Washington Memorial Park

14th Street N.W. Washington D. DATAUG 1 9 '58

24a. REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

arilan S. traus

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

S.H. HINES, 2901



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4. may be retained by the haspital or attending physician. Tage 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: A per this certificate has been signed by the ottending physician and major major major the filled in by the funeral director.

1/	A 20 A 10	Reg. Dist. N	ło
	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	efore admission)
	Montgomery	ARYLAND . STATE Maryland b. COUNTY Montgo	mery
M	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest lawn)
	Bethesda 21 day	s Rockville	
~ .	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
14	Suburban Hospital	712 Woodburn Road	YES NO A
	(Type or print) Howard	Schanberger DEATH August ]	Doy Year 19 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE.	AR IF UNDER 24 HRS.
	ALL CONTRACTOR AND ADDRESS OF THE PROPERTY OF	RCED July 17. 1878 80 yr. 1 2	s Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	S OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	Retired Machinist	Reading, Pennsylvania U.S	3.A.
,	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
B	Charles Schanberger	Matilda Kn Unknown	
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY  (Yes, no. or unknown)  1 (If yes, give were or doles of service)	NO. 17. INFORMANT SON Address 3811 F	Ridgeway Av
	(Ves. no or unknown) (If yes, give wor or doles of service) 577-42-905	8 Mr. Howard Schanberger, Jr. Rockville	, Met.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	(c).]	NTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FILLING	nary Bombolism	12 Kours
	465 X DUE TO	/	
	Conditions, if ony, which ) (b)		
	gave rise to immediate DUE TO		
	lying couse lost. (c)		
	PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
1	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	ma Collabatalo	YES X NO
	200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJUR	Y OCCURRED. (Enternature of injury in Part I or Part II of Item 18.)	
	OR CONTRIBUTING   CAUSE OF DEATH		
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (Count foctory, street, office bldg., etc.)	(Stote)
	Hour a.m.  p. m.  While Not while of work of work		
	21. I certify that I attended the deceased from 29.	July , 1958, 19 18 Agent 1958 that I last	saw the deceased
		hat death accurred at Fi 15 AM, from the causes and an the c	
		ADDRESS (Street, city or town, stote)	DATE SIGNED
	SIGNATURE ON WITH	Mp 909 Pershing Drive	8/19/58
- 1			
4	PHYSICIAN'S ARTHUE J. Wile	7 Silver Spring, Maryland	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF C	TEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(Stote)
	REMOVAL (Specify) 8/22/5% Ft.	Lincoln Swittens Prince (	Geo. County
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNAT	URE TEL
	Robert A. Pumphrey Bethesda, M	aryland DATE AUG 21 '58 Orthun &	thous



Jecse e	should		crediation
D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please e	cute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 should		D FUNERAL DIRECTOR: gs 3 should be used os a buriol-transit permit. File pages 1 and with the registrar prior to buriol, crediation
y is nece	ir ector.	es.	prior to
ny delay	ineral di	forworded to the Chief Adical Examiner's Office along with form PM3. Page 5 may be a lined for your files.	agistror
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5	. A	154	AE(	5)	
A	M	9/:	5.5		

I, PLACE OF DEATH

Montgomery

a. COUNTY

## b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give nearest town) Chevy Chase 10 yrs Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6812 Delaware Street 6812 Delaware Street 3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) MILTON C SCHERR August 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9 AGE In years IF UNDER TYEAR last birthday) DIVORCED T WIDOWED | Male White yrs, June 4 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Stott Pub. Co-Retired Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juluis Sherr Emale Sievers 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No same as 2d 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) UDO 1 DUE TO Conditions, if ony, which) gove rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Hour o. m. factory, street, office bldg., etc.) Not while at wark ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection / death resulted from: Natural causes 77, Accident . Suicide . Undetermined cause Homicide | | ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 16 aug 1 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER FA NAME (Type) John G. Ball 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). REMOYAL (Specify) 8/19/58 Bur-Transit East Oak Grove Morgantown, W. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE UG 1 9 '58 Robert A. Pumphrev Circum & House Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

. IS RESIDENCE ON A FARM?

YES NOT

Yeor

19

IF UNDER 24 HRS.

58

Reg. Dist. No.

Montgomery

Day

16

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(State)

NO 173

(State)

YES 🔲

Inquiry / and find that

(County)

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

Marvland

b. COUNTY



# FOR STATE HEALTH DEPT

M

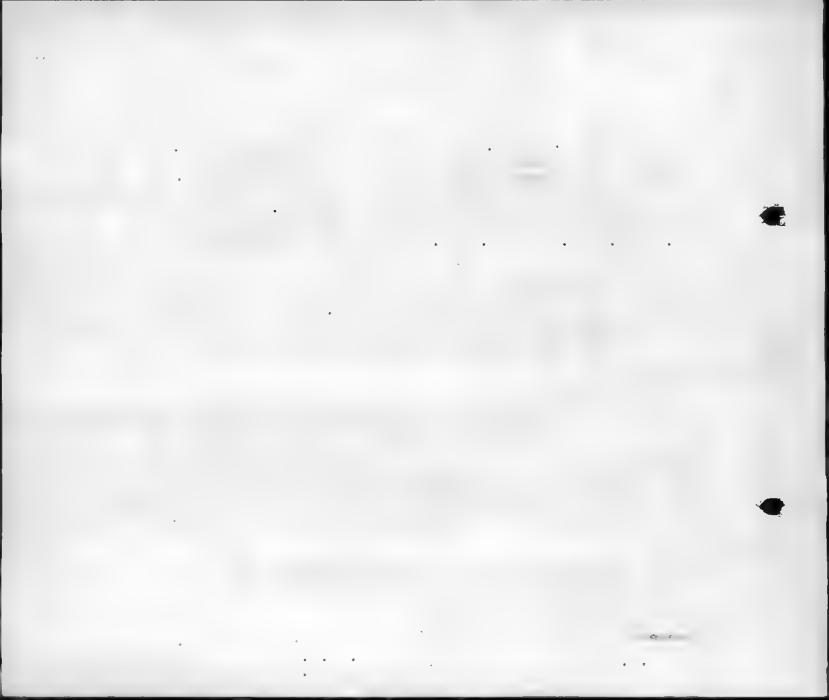
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a 3 ta the funeral director. Please at 3 ta the funeral director. Page by be retained for your files. The State Board of Health, arrs after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, execute the certificate, withing the word "pending" is pendil in Item, 18. Give Poges 1, 2, and 4 should be forwarded to 19. Chief Medical Examiner's Office along with form PM3. Page 54 FORERAL DIRECTOR: Page should be used as a burial-transit permit. File pages 1 and or its designated agent, prior to burial, cremation, or removal, and in any event within 72 has

VS. A15ME 5M 2757

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVA MINIEDIS CEDTISICATE OF DEATH

	9195 MEDICAL EXAMINER S	Reg. Dist. No.									
\	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  a. STATE Maryland b. COUNTY Montg									
4	b CITY OR TOWN (I outside corporate limits, write EURAL c LENGTH OF STAY IN 16 and give nearest found) Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  //* Takoma Park									
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 7620 Maple Ave. Apt. 436	d STREET ADDRESS 7620 Maple Ave Apt. 436  on a FARM? YES \( \) NO \( \)									
	3. NAME OF DECEASED (Type or print) James Emmett Shea	Lost 4. DATE Month Doy Year DEATH Aug. 8, 1958 19									
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6  Male white widowed Divorced	DATE OF BIRTH  12/23/1896.  9. AGE 110 years 1 FUNDER 17EAR IF UNDER 24 HRS.  Months Days Hours Min.									
	Bldg. Contr. (Ret.) Gen. Bldg. Trades	Pennsylvania USA									
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Α	John Bernard Shea	Mary Ann Welch									
	[Yes, no, or unknown] (If yes, give war or dates of service)	va F. Shea same as #2									
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO CAN NOT THE TERMINAL DISEASE CONDIT ON									
	20c. TIME OF INJURY Month, Doy, Year Mouth, Doy, Year Mour o. m. 19   20d. INJURY OCCURRED   20c. PLACE OF INJURY (Home, form, foctory, street, office bidg, etc.)   20f. (City or town)   (County) (State Mour o. m. p. m. 19   19   of work   of wor										
I.	EXAMINER'S NAME (Type) Frank J. Broschart  270. BURIAL CREMATION   225 DATE THEREOF   220 NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER (Stole)  CREMATORY (22d. LOCATION (City, town, or county) (Stole)									
	Burial 8/11/58 Beahm's Cha	anol Com Tours II									
	The S.H. Hines Company 2901 14th Washington	St. N. 1240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE									



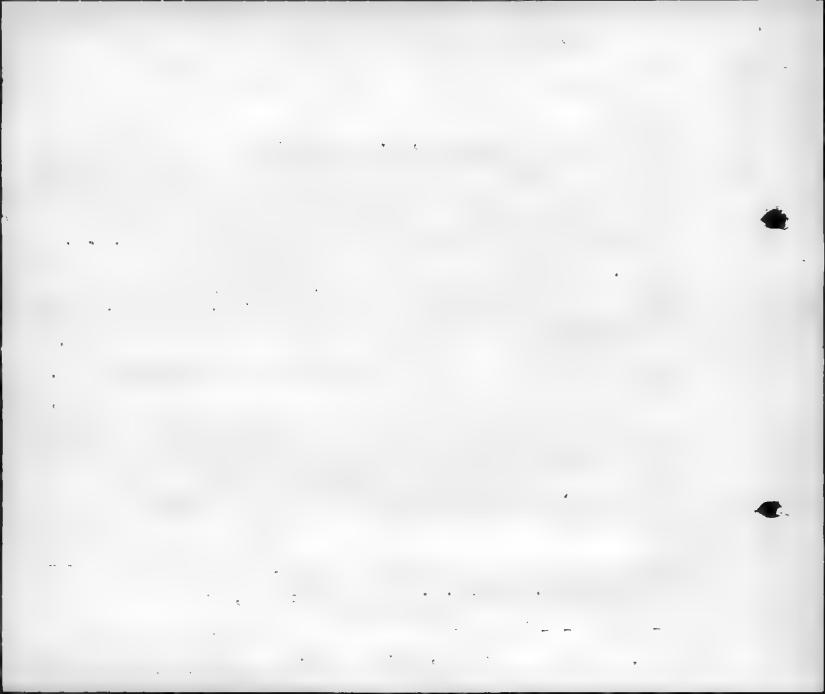
	9317			CERTIFIC		Reg. Dist. No.								
	1, PLACE OF DEATH 6. COUNTY Mor	ntgomerv		MARYLAND	2 USUAL RESIDENCE (WHO IS STATE West Vire		J. If institution b. COUNTY	on Residen	ice befo	re admiss	rion)			
	b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 15		rate limits, write RURAL and give nearest town)								
	Bethesda			88 days	Matoaka									
	A NAME OF HOSP	ITAL (If not in hospital a	give street	oddress)	d. STREET ADDRESS	d. STREET ADDRESS					SIDENCE			
	The Clir	ical Cente	r, Be	thesda 14, Md	Star Rout	Star Route				YES NO 3				
	3. NAME OF First DECEASED		Middle	Lost	4. DATE	Mon	th	De	у	Yeor				
	(Type or print)	Wil		Edward	Shrewsbury	OF DEATH	Augr	8	,	1958				
Ì	5 SEX		7. MARI	RIEDE NEVER MARRIED	B. DATE OF BIRTH	9. At	GE (in years pt birthday) O yrs	IF UNDER	1 YEAR Doys	IF UND				
	Male	White	WIDOW		May 21, 189			Months	Doys	110013	Min.			
١l	10a. USUAL OCCUPATI during most of wo	ION (Give kind of work rking life, even if retired	done 10b.		USTRY 11. BIRTHPLACE (Stole		)		12. CITIZEN OF WHAT COUNT					
4	Coal Mir			Mining	West Vi				U . S	S.A.	Þ			
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N									
		Shrewsbur			Annie M									
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address													
1	No Unascertainable The Clinical Center, Bethesda 14, Maryland  18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]													
1		ATH [Enter only one co ATH WAS CAUSED BY:	ouse per li						INT ON:	ERVAL BE	TWEEN			
1		IMMEDIATE CAUSE (c	)(	Respirat	ory failure					1 wh	<u></u>			
1	200.0	DUE TO												
		Conditions, if ony, which gave rise to immediate but Silicosis & pulmonary reticulum cell sarcoma l yr.												
	couse (a), stating			D-44 7	m cell sarcoma					_				
	lying couse lost		1 yr.											
	PART II OT	HER SIGNIFICANT CON			JT NOT RELATED TO THE TERMI			EN IN PAR	T 1(0)   1	PERFC	AUTOPSY DRMED?			
		AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in F	Part I or Part II of	item 1B.)							
	ZOc. TIME OF INJU	RY Month, Day, Ye			PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	20f. (City or to	wn]	{<	County)		(Stote)			
1	¥ p. m.	19	While of wor		essery, arter, error prog., etc.	1								
	21. I certify t	21. I certify that I attended the deceased from May 12 , 1958, to August 8 , 1958, that I last saw the decease												
ł	alive an	August 8	, 125		th accurred at 9:43	AM, from the	causes a	nd an t	he da	te stati	ed abav			
		1. 10	- 0	) T.		ADDRESS (Street,					ATE SIGNE			
	SIGNATURE	Kaghan	~ J	. 19KUV	M.D. The Cli	mical Ce	nter			8-	-8-58			
П	PHYSICIAN'S	Wathan C	Man-3	W X	Nationa	al Instit	cutes	of He	altl	h.				
	NAME (Type)	Mathan S.	Tayı	or, M. D.	Betheso	la 14, M	rylan	d						
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county)									{Stot	e]			
1	urial-Trans		8	Matoka	,`	Matoka	We	est V	irg	inia				
	23. FUNERAL DIRECTOR		T	ADDRESS Manual	24a. REC'I	BY REGISTRAR	24b. REG13	TRAR'S SIC	GNATU	RE /				
	Robert A. F	umphrey	В	ethesda, Mary	land Long	1 2 1903	1//2	Thus	V K	7. //	rella			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 etely filled in by the funeral director, Pages 1 and 2 should by filed with may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and classes a should be detached. Use as the burial-transit permit. Then please remove carban pay the registrar priar to burial mantion, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

M



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: For this certificate has been signed by the attending physician or mpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, apers. Pages 1 and 2 should be filed with the registrar prior to burid, cremation, at removal, and in any event within 72 hours offer death. M

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9318 CERTIFICATE OF DEATH

	weg. with	11141
1. PLACE OF DEATH COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY	a before admission)
b. CITY OR YOWN (If outside corporate Vimits, write RUBAL and give nearest-lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve negrest town)
Bithesda Jhis	Washing TON 47	, a
or INSTITUTION A LA VISTA REST NOME	15 E. St. M.U.	o. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF DECEASED (Type or print)  Jewniel Cay +	Simply Seath Aug	Day Year 28 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  9. AGE (in years   JUNDER 1   Ost birthdoy)  Of yrs.  Months	Page Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	Unknown	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
William Cartex	Jennie Gisch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.     Yes no or unknown    (If yes, give wor or dotal of service)	Mrs. Jennie Carter Sin	2001
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PUMON PM	mbolisation	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) By Phlebothrom	bosic	
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)		
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  201. DESCRIBE HOW INJURY OCCURRE  OF CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO W
	ED. (Enter noture of injury in Part 1 or Part 11 of item 18 )	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 P. m. 19 While of work of work 19	LACE OF INJURY (Home, form, cotory, street, effice bldg., etc.)  (Cotory, street, effice bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from.	, 1958, to 8 28 , 1955, that I k	ast saw the deceased
alive on 3/38, 1955, and that death	n occurred at 7.55 P.M. from the causes and on th	
ACTUAL SIGNATURE ANTONES Columnia	MD 1120 16 th AN WWW	DATE SIGNED
PHYSICIAN'S Prokopes Colevas		/
270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY C	National Com. Ft. Myer, Va.	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESS h St. The S. H. Hines Co. Washington 9.	N.W. 240. RECD BY REGISTRAR 24b. REGISTRAR'S SIG	



9319

# CEPTIEICATE OF DEATH

09314

2012	CERTIFICA	AIR OI DEAII		Reg. Dist. No	0.
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WA	6, COU	NTY	
b. CITY OR TOWN (If outside corperate limits, wri	LENGTH OF STAY IN 15		utside corporate limits, we	MONTG	
d NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION 2728 RANDOLPH	eet address) ROAD	d STREET ADDRESS	SPRING OLPH ROAD		ON A FARM?
3. NAME OF DECEASED (Type or print) Do With	Talmadge	Smith		Month 0	Day Yeor
MALE TURTER	ARRIED TIVORCED DIVORCED	8 DATE OF BIRTH 3/14/95	9. AGE (In yellost birthdo	ogrs of UNDER 1 YEA oy) Months Days yrs.	
bo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Accountant - Gen. Acc		MODMIT OF			OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
ABRAHAM LINCOLN SMIT	H	LULA	BROWN		
S, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give wor or dores of service) WW # 1 & 2		Nina Pearl	Smith, 2728		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under	Cornory	Thom b	osis	or Spring	NSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION	THE TO WHICK TO DEATH BUT DESCRIBE HOW INJURY OCCURRE				19 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20.		ACE OF INJURY (Home, farm ictory, street, office bldg., etc.		(Caunty	r) (Stale)
21. I certify that I attended the dece alive on	eased from 135/25	/ W /	M, fram the cause		ate stated above
ACTUAL SIGNATURE 3.	Instran	MD. 8505	ADDRESS (Street, city or to	AND.	B/10/S
PHYSICIAN'S JOHN	B. UMHA	O Chev	2 Chose	15/	md
220. BURIAL CREMATION, 22b DATE THEREOF REMOVAL (Specify) 8/13/58		TIONAL CEMETE		N, VIRGINI	
James & Lumphiel	ADDRESS A SILVER SPRING,		9 1958	Afficer A	Traus.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depth certificate be executed within 24 hours after depth. Page 4 may be retained by the harmonic or ottending physician.

TO FUNERAL DIRECTOR: A This certificate has been signed by the attending physician and the page 3 should be detached or use as the burial-transit permit. Then please remove carbon there. Pages 1 and 2 should be defined with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09315

3060	CERTIFICA	TIL OI DE	<u> </u>	Reg. Di	st. No.
1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDEN	CE (Where deceased live	d. If institution Residen	ce before admission)
Montamery	MARYLAND	o. STATE	roland	b. COUNTY	tronzera
b. CITY OR TOWN III autside carpordle limits, write   c	LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporate	limits, write RURAL and	ove nearest town)
RURAL and give nearest town)	5 days	× 60017	horsbur	-6	
d. NAME OF HOSPITAL (If not in haspital, give street ode OR INSTITUTION	dress)	d. STREET ADD	ESS		e. IS RESIDENCE ON A FARM?
Buburban Hosp	701	KED	# 3		YES NO
3. NAME OF DECEASED First	Middle	lost	4. DATE OF	Month	Doy Yeor
(Type or print) Fanny (ne	ertrude -	mirh	DEATH	1112	24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9. 4	GE (In year) IF UNDER	Days Hours Min.
WIDOWED		June 29	1873 8	5 yrs.	
10o. USUAL OCCUPATION (Give kind of work dane 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE	(State or fareign countr	y) 12. CII	IZEN OF WHAT COUNTRY
housewite		New	York		11.5
13. FATHER'S NAME		14 MOTHER'S MA	IDEN NAME		
Janerene	55	Kick	ardsor	7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SO (Yes, no. or unkgown) [1] (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. II	NFORMANT		Address	06.
NO.	- Wi	luan tor	mith 4230	Willa Dr.	Bethesla 14
1B. CAUSE OF DEATH [Enter anly ane cause per life	far (0), (b), and (9).)	1 16	20.15		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	one Melo	Mind le	relating	>	1 weeks
/ / M DUE TO /	· andi				
Canditions, if any, which	gason	<i></i>			Typean
gove rise to immediate cause (a), stating the under-	0				
lying cause lost.					
PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CO.  PART III. OTHER SIGNIFICANT CO.  PART II. OTHER SIGNIFIC	NTRIBUTING TO DEATH BUT	NOT RELETED TO TH	ETERMINAL DISEASE CO 	INDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12-
200. ACCIDENT WAS UNDERLYING   20b DESCRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of in	ury in Port I ar Part II a	f item 18.)	
3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJU	JRY OCCURRED 20e. PL	ACE OF INJURY (Ham	e, form, 20f. (City or t	awn) (i	County) (Stale)
ZOc. TIME OF INJURY Manth, Doy, Year 20d. INJU Hour a. m. 19 While at wark [	1101 WINDY	ctary, street, affice blo	lg., etc.)		
21. I certify that I attended the deceased	fram Oly	1950, 1	-4 hu	1. 1950 that I	last saw the decease
alive an 7 4 Muss A 1955	, and that death	accurred at 1	P. M. from th	e causes and on t	he date stated above
1/5/1/	Hun	11	ADDRESS (Street,	city or topic state)	DATE SIGNE
ACTUAL SIGNATURE	1000	M 10/15/10/13	rouly	up scrow	MAN YOUL
PHYSICIAN'S Wm. S. Murphy			V	1	/,
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION	(City, town, ar county)	(State)
Cremation 8/25/58 C	edar Hill		Suitl	and, Marylan	d
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethes	ADDRESS da. Md.	24	REC'D BY REGISTRAR	246 REGISTRAR'S SIG	4 .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: At This certificate has been signed by the attending physician and the pletely filled in by the funeral director, page 3 shauld be detached use as the burial-transit permit. Then please remove carbon in the Pages 1 and 2 should be filed with the registrar prior to burial; cremation, at remaval, and in any event within 72 hapfs after a V\$ A15 (4) 15M 9/SS

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VS A15 (4) 15M 10/57

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ifficate be executed wit≣in 24 ∥aurs after death∵ Page 4	hysician and spletely filled in by the funeral director mave carbon ers. Pages 1 and 2 shauld be filed with
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9321

CERTIFICATE OF DEATH

					- R	leg. Dist. No.				
		LACE OF DEATH COUNTY Mont gomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE (District o	ere deceased lived. If institution:  Columbia	Residence before admission)				
	ı	. CITY OR TOWN (If outside corporate limits, wr	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		RURAL and give nearest town)  Bethesda	42 days	Washingto	n *** /	5 X - 2				
	,	1. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	street oddress)	d. STREET ADDRESS	- 01 1 N	e IS RESIDENCE ON A FARM?				
	-		Bethesda 14, Md	OHOH Brich	anan Street, N.	YES NOTE				
	1	VAME OF First DECEASED Type or print Raymond	Middle William	Snyder	4. DATE Month OF DEATH Augu	25, 19 58				
	5. 5	reel HOTE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE IIn years IF	UNDER I YEAR IF UNDER 24 HRS				
				lay 20, 1906		Months Days Hours Min				
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		Offset Plate Maker	Government	New Je	rsey	U.S.A.				
	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
is 	_	William Snyder	•	Ida Rober						
	15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANThe Medi	cal Record Address					
		Yes WW II	unknown Ti	he Clinical Ce	inter, Bethesda	14, Maryland				
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								
		PART I. DEATH WAS CAUSED BY: A Scens of Left temporal lave of blain ONSET AND DEATH								
	li	29d,4 DUETO								
		Conditions, if ony, which) by Stapl heave C Soptionis 2 weeks								
		gove rise to immediate DUE TO								
		lying couse lost. (c) H plastic anemia								
5	5	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
4	Š					YES NO [				
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in f	Port 1 or Port II of item 18)					
	MEDICAL		4 4-	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)				
	MED.		While Not while to work to the street of work to the street to the stree	ocraty, theel, office brog., etc.	1					
		21. I certify that I attended the dec	ceased from July 14	7 . 17 . 10 .	igust 25, 19 58	that I last saw the deceased				
		alive on August 25,	19 58, and that death	h occurred of 12:25	M from the causes and	d an the date stated above.				
		0.01		,	ADDRESS (Street, city or town, sto	nte) DATE SIGNED				
		SIGNATURE POTEST IN CO	- an 2009	Mp The Cl	linical Center	8/25/5				
7		3		Nation	nal Institutes	of Health				
		PHYSICIAN'S NAME (Type) Peter S. Mue	eller, M.D.	Bethes	sda 14, Maryland					
	70	BURIAL (REMATION, 226 DATE THEREOF REMOVAL (Specify)	8 HWINGTO	or CREMATORY +1/,	22d. LOCATION (City, town, or a	upt (Stote)				
-	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	24a. REC'I	BY REGISTRAR 246 REGISTR	R'S SIGNATURE				
	A	W Chambers Co.	War. De	DATE AU	G 2 8 '58 Cut!	ur S. Kines				



mpletely filled in by the funeral director, pers. Pages I and 2 should be filed with

17:

9322

# **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09317

Rea. Dist. No.

1	. PLACE OF DEATH	o. COUNTY					2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY								
$\vdash$	Montgomer		in colle			Maryland Montgomery									
$\perp$	b. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)									
L	Olney							Germantown							
н	or Institution  Montgomery County General Hospital						/d STREET ADDRESS						DENCE FARM?		
													NO 🔲		
3	NAME OF DECEASED	Fir	Middle		Lo	s†	4. DATE	Mor	th	Day	γ	eor			
	(Type or print)	Н	Bernard		St	ewart DEATH		Au	August		21 19 58				
5	. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		DATE OF BIRT			9. AGE (In years IF	IF JNDER					
	Male	Negro	WIDOW	- F		6/4	177		lost birthday)	Months	Days   1	Hours	Min		
10	Do. JSUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11 BIRTHP	LACE (Stote	or foreign co	ountry)	12 CITI	ZEN OF	WHAT	COUNTRY		
	and the state of the state of	my me, even a temed	'			7	Marvla	nd			USA				
1:	B. FATHER'S NAME					14. MOTHER'S					NOR				
	Charles	Stewart				В	Some T	ani aa	Gordon						
	. WAS DECEASED EVER	IN U S ARMED FOR		SOCIAL SECURITY NO	17. in	IFORMANT	Taly I	OUTSE		Address					
-1'	res, no ar uningway	f yes, give war or dates of s	ervice]		Hamital Baseds Class						. Ma				
F	Hospital Records Olney, Md.     Hospital Records														
	PART I. DEATH WAS CAUSED BY:									ONSET	AND	DEATH			
	IMMEDIATE CAUSE (e) Uremia 2 days														
	Condition that All All All All All All All All All Al												1		
	gove rise to immediate ( Discourse)									2 weeks		eks_			
	couse (o), trotting the thoose														
Z	to transfer of the state of the									1[20	nkne	own			
CERTIFICATION				CONTINUO INTO TO DEX		TOT RELATED TO	J ING IGRANI	IAWE DIDENSE	CONDITION GIV	EN IN PAKI		PERFO	RMED?		
	200. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture o	of injury in P	ort I or Port	II of item 18 t	YES 🔀 NO 🗆					
		LI CAUSE OF DEATH MEDICAL EXAMINER)													
WEDICAL	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED 2	20e PLA	CE OF INJURY I	Home, form,	20f (City	or town)	(Co	ounty)		(Stote)		
ME	p. m.	19	While of wor	Not while	,	ory, arees, orne	e olug , etc.	1							
	21. I certify the	at I attended the	deceas	ed fram	6	195 8	. to	XI	105	,that I lo	200	the c	4000000		
	alive an	2 31	19		death	occurred at		AM Er	the causes of	malan th	-Y-	ine (	aeceusec		
		CILI	X	7	Jedin	occorred di		ADDRESS (Sh	reel, city or town,	ina an mi stotet	e aare		a abave TE SIGNES		
	ACTUAL SIGNATURE	1.19	A-2	101	N	l.D				,		8	0.5		
	PHYSICIAN'S		1									31			
	NAME (Type)	C. H. L.	gon,	M D.		.==	Sandy	Sprin	ng. Mary	and					
22	REMOVAL (Specify)	8/23/58		St. Rose	ERY OR	CREMATORY			pers 1			(Stote			
23	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	-		24a. REC'E	BY REGISTI		STRAR'S SIGN	NATURE				
	10144	- Hun	de	Rockville	o, 1	d.	DATE #1	1000			4 -				
		1 - 101		V V			1	625 5	0	110 9	100				

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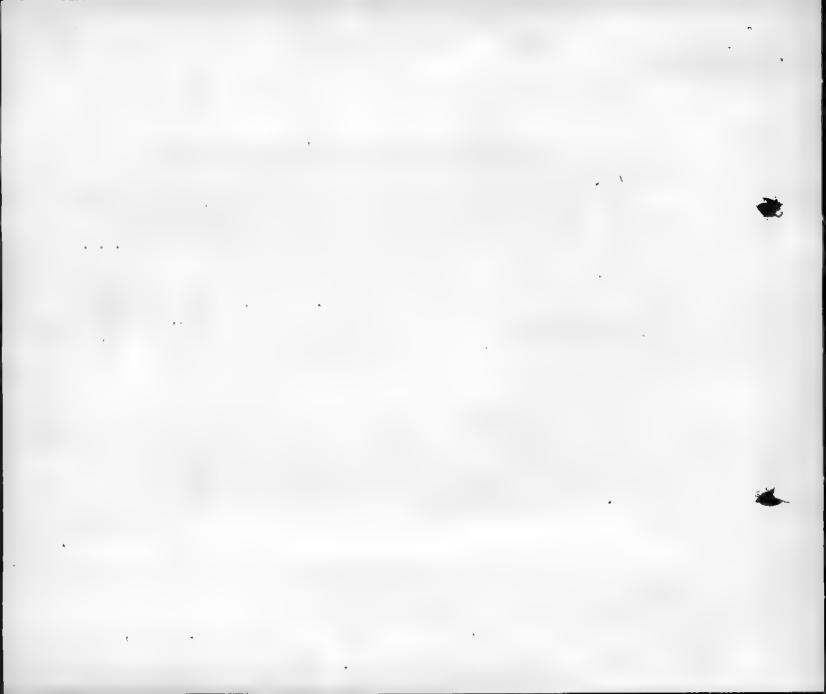
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1	9323 CERTIFICA	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
	b. CITY OR TOWN (If outside corporate them with the state of STAY IN 16 RURAL and give nearest town)  LAYHILL , 5 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LAYHILL, SILVER SPRING
	or INSTITUTION 15,310 Layhill Road	d STREET ADDRESS 15,310 Layhill Road  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) VIB LA First L Middle	TEWART 4. DATE Manth Day Year OF DEATH AUGUST 9 19 58
	FEMALE WHITE WIDOWED DIVORCED	8 DATE OF BIRTH 10/6/96  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
ļ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Homemaker own home	STRY 11 BIRTHPLACE (Slote or foreign country) VIRGINIA U.S.A.
1	CHARLES H. JENKINS	ARABELLE LAFEVER
	Pier po or uningero	John R. Stewart, 15,310 Layhill Road  Layhill, Maryl Mitryal Between
	PART f. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under.  Lying couse tost.  (b)  Conditions, if any, which gove rise to immediate couse (o), stoting the under.  Lying couse tost.	Heat Aireary 20 years.
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO YE
	Hour o.m. While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) thory, street, office bldg, etc.)
	21. I certify that I attended the deceased from January alive on Cung 2, 1258, and that death	occurred at 2 200 M, from the causes and on the date stated above
	SIGNATURE BURNES IN BURNES BUR	no. 837 Boniford & Delvy Magry 8/9/5
	NAME (Type)  220 BURIAL, CREMATION, 22b. DATE THEREOF  REMODYAL (Specify)  22c. NAME OF CEMETERY OF	(Siote)
	BURIAL 8/12/58 FT. LINCOLN CE  3. FUNERAL DIRECTORY SIGNATURE  ADDRESS  LAWREN SILVER SPRING	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ely filled in by the funeral director, lages 1 and 2 should be filed with or attending physician.

Is certificate has been signed by the attending physician and cars.

I as the burial-transit permit. Then please remave carban paper at the burial-transit permit. may be retained by the haspital
TO IUMERAL MIRECTOR: After the
page 3 should be detached for
the registrar priar to burial, cre. VS A15 (4) 15M 10/57



I

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9324

CERTIFICATE OF DEATH

			CENTIL	ICA	L OI DEAII			Reg. Dist	. No.	
F. PLACE OF DEATH b. COUNTY  Montgomes	ret.		MARYLA	- 11	o. STATE Michigan	here decease	ed lived. If institut b. COUNTY		e before o	dmission)
b CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (IF	outside corp	orote limits, write l	iURAL and gi	ve negrest	town) \
Bethesda	orea long		138 days		Iron Mount	tain	à m²			
	AL (If not in haspital, g		oddress)	15.3	d STREET ADDRESS	. Ch	4		0	S RESIDENCE
	ical Center			Mct.	602 East (				10	ES 🔲 NO 🔀
3. NAME OF DECEASED	Fit	23	Middle	_	Lost	4. DATE OF	Moi		Day	Year
(Type or print)	Lois		Wilhelm		Straub	DEATH	Rug			19 58
5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months [		UNDER 24 HRS
Female	White	WIDOW			December 15	1902	2 55 75		70,1	7013
10a USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign	country)	12. CITI2	ZEN OF W	VHAT COUNTRY
Secretar	•		Unknown		Minnesot	ta		U.	S. A	Lo
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
James Pa	lin		•		Frankie	Phinr	nev			
15. WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DEMANThe Med:			lress .		
(Yes. no. or unknown)	(If yes, give war or dates of s		None	The				da Ili.	Mam	yland
	TH (Enter only one so			1	OTHITOGI (	7011001	, Doutes		-	AL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Respiratory failure							ONSET,	AND PEATH		
110,0	IMMEDIATE CAUSE (o		respir au	ory 1	grade				Ц	ı min.
								2		
Conditions, if or		)	Metastat.	ic ac	renal carc	Lnoma				Ll mos.
Couse (a), stating		•								
lying couse lost.	) (c								1	
PART II. OTH  200 ACCIDENT WA  OR CONTRIBUTING  IIF EITHER, NOTIFY	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GI	VEN IN PART	PI	WAS AUTOPSY ERFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCC	OURRED. (	Enter nature of injury in	Port 1 or Po	ort II of item 18.)			
ZOC. TIME OF INJURY Hour o. m.	. ,	or 20d. If	Not while	0e. PLACE foctor	OF INJURY (Home, formy, street, office bldg., etc.	n, 20f. (Cid	ly or town)	(Co	ounty)	(Stote)
₹ p. m.	19	ot worl	t pt work							
21. I certify th	at I attended the			17	19 58, to A1	ugust	2 , 19 5	8, that I le	ost saw	the decease
alive on Aug	ust 2	. 125	8, and that d	leoth o	ccurred at 12:55	PM. fro				
100		0	Of D	1			Street, city or town,		00.0	DATE SIGNE
ACTUAL	anders	K.	Total K.	M.D	The Clinic	cal Ce	enter			8-2-58
			X	m.L			nstitutes	of He	alth	
PHYSICIAN'S NAME (Type)	Theodore L.	Good	dfriend, M.	D.	Bethesda		aryland			
220 BURIAL, CREMATION										
Buttled Strik	nsit 8/6	/58	Cemeter	y Pa	rk	Iron	Mounta:	in, Mi	ch.	(Slote)
23. FUNERAL DIRECTOR'S			ADDRESS			D BY REGIS	TRAR 246. REG	STRAR'S SIG	MATURE	
Robert A.	Pumphrey	755	7 Wiscons	$\operatorname{in}_{M}$	Ve. DATE	E 158	(1)026	eruel		



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MONT GOMERY MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. STATE Wary land b. COUNTY (In hill younds)	
	b. CITY OR TOWN (If outside-torporate limits, write RURAL and give negret/fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION	d. STREET ADDRESS  a. STREET ADDRESS  b. IS RESIDENCE ON A FARM? YES IN NO FILE ON A FARM?	
	3. NAME OF First Middle	Lost 4. DATE Month Day Year OF	
	5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8 DATE OF BIRTH  9. AGE (In years   IFUNDER YEAR IF UNDER 24 HRS.	
	100 USUAL OCCUPATION (Give kind of work done)  Buring most of working life, even if retired)  13 FATHER'S NAME	TRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Uash, D.C. Usa.	
\	Benson Cornell	Susan Cwens	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. no. or unknown) (If yes, give wer or date of service)	tospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DIABELES	mellitus interval Between onset and Death 23 yrs	
	Conditions, if ony, which gave rise to immediate DUSTO	ed arteriorelevasi yours	
	lying cause last. (c) Microcine	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY	
2	7.710	PERFORMED?  YES NO A	
		). (Enter nature of injury in Port 1 or Port II of Item 18.)	
	21. I certify that I attended the deceased from 7-25	19.5 % to 8-18-, 19.5 %, that I last saw the deceased	
	ACTUAL SIGNATURE SALL R. Special for	ADDRESS (Street, city or look, state).  ADDRESS (Street, city or look, state).  DATE SIGNED  AD Rolewbea Road Decreaming Collections	
	PHYSICIAN'S TO HNRISPENCER	}	
	3 REMOVAL (Specify) 8/21/58 Forthine	OR TOWN II Outlide Approach limits, write to the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the control of the property in the property i	
-	Callays Friend Home		
	Suc,		



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9326

CERTIFICATE OF DEATH

09321

-1	- 5-4-0			K€	g. Dist. No.
PLACE OF DEATH   COUNTY   MARYLAND   2 USUAL RESIDENCE [Where deceased lived. If institution Fends   COUNTY   MARYLAND   2 STATE   STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   COUNTY   MARYLAND   2 STATE   Morth   Mashing to promise course for home   Mashing to promise   Mas		esidence before admission)			
ľ		c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF au	tside corporate limits, write RURA	L and give nearest town)
1		5 mins.	Washington	n Dec.	4-11:
	OR INSTITUTION	address)		Street . N.W.	e. IS RESIDENCE ON A FARM? YES NO &
Ì	3 NAME OF First	Middle			
			Taylor	OF .	
Ì	5. SEX   6. COLOR OR RACE   7. MARR	TED NEVER MARRIED	B. DATE OF BIRTH .	9. AGE (In years IF U	INDER 1 YEAR IF UNDER 24 HRS.
ł	Male White WIDOWE	DIVORCED	4/22/90	/ (2)	inths Days Hours Min
Ī	100 USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
		S.Governmen	t West Virg	inia	United States
	13. FATHER'S NAME	M			
H	Jackson Taylor		Martha Nut	tall	
	[Yes, no or unknown)   (If yes, give wor or dates of service)   de-	ים מל ממלמ			st M.W. Wash. Do
	DUE TO  Canditians, if ony, which gove rise to immediate cause (a), stating the under-	Yocardia rronary terioscler	Sclenosis	severe Dertension	10months
,	PART II. OTHER SIGNIFICANT CONDITIONS C	TUB HTARD OF PHITLEIRTHO	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN I	N PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO TO
		CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	ort I or Port II of item 18 )	
	20c TIME OF INJURY Manth, Doy, Year 20d, IN- Hour o. m. 19 While at warl	Not_white fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City ar town)	(County) (Slote)
	1 10 10	- >		M, from the causes and	on the date stated above.
,	ACTUAL SIGNATURE STEWART (	ilapp	M.D. 392/	DDRESS (Street, city or town, state	DATE SIGNED  8 1957
1	PHYSICIAN'S STEWART (	2. lapp	has	1 15 D.C.	
	220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or co	unity) (State)
	Burial   8/22/1958	Arlington	National Cen	Arlington	Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		7 11	
	COUNTY Montgometry  MARYLAND  CITY OF TOWN If eached cappored limit, write  CITY OF TOWN If eached limit, write  CITY OF TOWN If eached limit, write  CITY OF TOWN If eached cappored limit, write  CITY OF TOWN If eached limit, write  CITY OF TOWN If eached cappored limit, write  CITY OF TOWN If eached limit, write  CITY OF TOWN IN EACH IN Eached limit, write  CITY OF TOWN IN Eached limit, write  CITY OF TOWN IN Eached  CITY OF				

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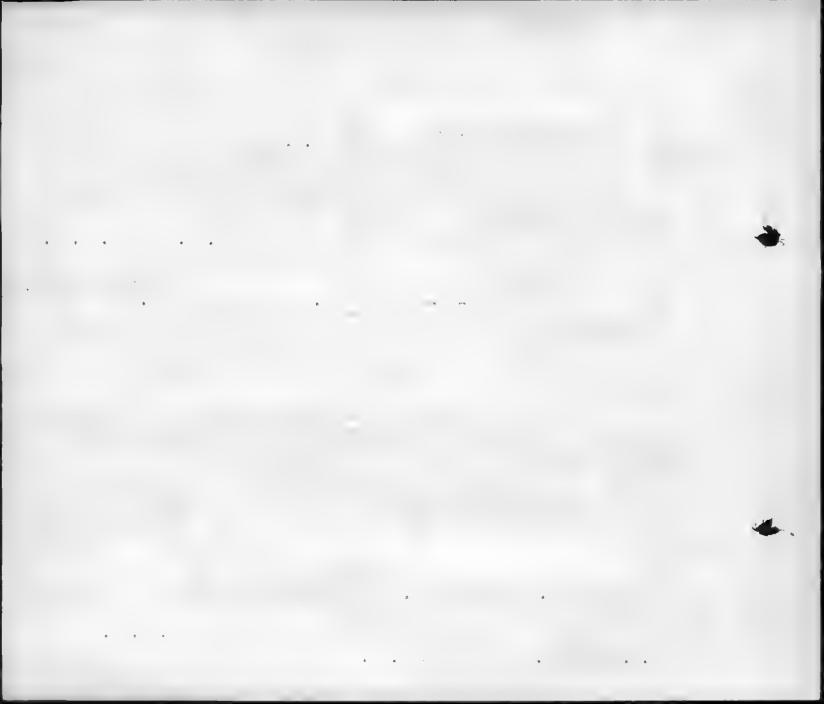
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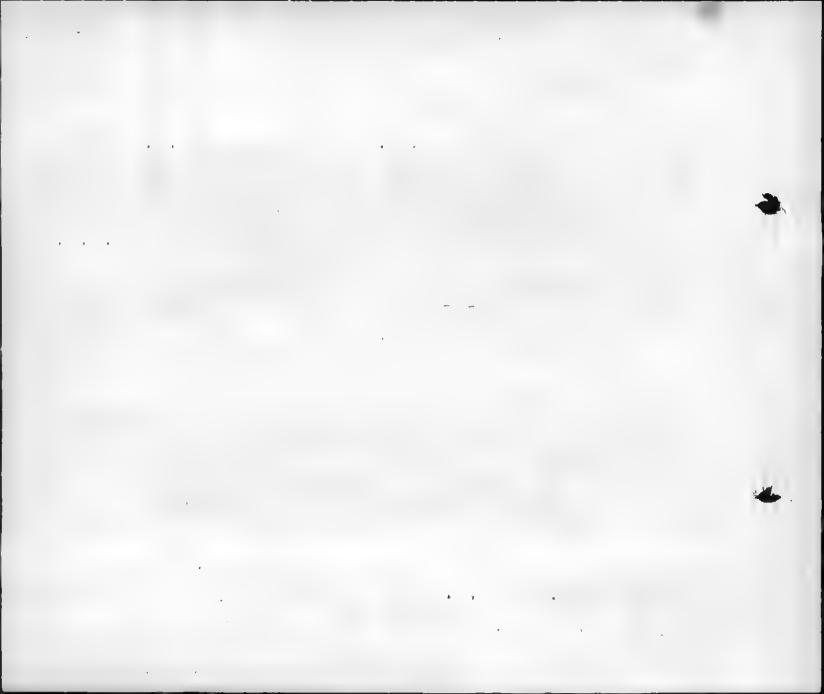
2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) South Carolina COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES TO NO DE Month Year 1958 August IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S. Address INTERVAL BETWEEN ONSET AND DEATH Y THROMBOSES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) that I last saw the deceased and that death accurred of 5:43A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 8-5-58 U.S. Naval Hospital, Bethesda, Md. U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify)
Bur 181 Beaufort Nat'l Cemetery Beaufort, S. C. 23. FUNERAL QUECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Chapin St.N.W. Wash. D. C. W.W. Chambers. **I**400 159



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 093239328 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed b. COUNTY MARYLAND lorida Montgomery death, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) shauld be Bethesda Miami Shores d NAME OF HOSPITA 40 20 in Ampilol, give street oddrest and OR INSTITUTION 5/21 Grosvenor Land Resmor Sanitarium & Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9325 N.W. 2nd Court YES NO K NAME OF 4. DATE Month Year OF DEATH Milton Charles Thompson (Type or print) 1958 August 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS /16/1887 Days white WIDOWED | DIVORCED [ male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) U. S. A. Medicine Washington. D. C. Druggi st Marion Clay Thompson Elizabeth Caufield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address Wilami Shores M. N.W. 2nd Court Eva E. Thompson-9325 78-01-2503 no CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES | NO ! 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) OR CONTRIBUTING D CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20d INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) Haur a.m Not while at wark at work 21. I certify that I attended the deceased from 19\_\_\_\_that I last saw the deceased \_\_\_, and that death accurred at A. 150 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATÉ SIGNED L890 Battery Lane PHYSICIAN'S Charles J. Savarese Bethesda Montgomery Maryland Jr. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Congressional Gemetery Washington, D.
ADDRESS 240, RECD BY REGISTRAR 240 REGISTRAR'S S. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE The S.H. Hines Co. Washington, D. C. DATE TITE 1 1



death.



VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	MARYLAND	STATE DEPARTM	ENT OF HEALTH-E	BALTIMORE, 18	00295
	933(	CERTIFICA	ATE OF DEATH		
	1 PLACE OF DEATH		2 DELIAL PERIDENCE ON have de		
-	o. COUNTY Montgomery	MARYLAND	%. STATE Maryland	b. COUNTY	Residence before damission;
Î	b. CITY OR TOWN (If autside corporate limits, write RURAL and give, nearest town)	c. LENGTH OF STAY IN 15			AL and give nearest town)
			1.7.3	456	AC DECIDENCE
	OR INSTITUTION	•	1	gan Drive	ON A FARM? YES NO [2]
	3. NAME OF First	Middle			Doy Yeor
	(Type or print) Robert	Gibson		<u> </u>	
	5. SEX 6. COLOR OR RACE 7. MARI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS.
			17 August 1894	63 yrs.	Nonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
\		S. Navy, Retir	ed West Virgin	nia	U.S.
,	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Robert E. TOBIN		Nellie FARREL	L	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
		inknown Wif	e, Mrs. Carolyn	O. TOBIN (Sa	ime As #2)
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o). (b), and (c).)	0.0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	Profilast?	me_ mult.	Noveme	ONSET AND DEATH
	DUE TO	bile	iteral.	1	C7 1
	Conditions, if any, which )				of year.
	gove rise to immediate				
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
2.	CAT				YES NO
	20g. ACCIDENT WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port t	or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Home, form, 20)	. (City or lown)	(County) (State)
	While of wor	HOI WINE	and stage, etc.		
	21. I certify that I attended the deceas	ed from 8 April	1958 to 11 At	ugust 1958 t	that I last saw the deceased
	alive on 11 August 19				
	11100	20			
	SIGNATURE (U HE ( ) - FIN CLOSE	molly	M.D. U.S. Naval He	ospital, Beth	nesda, Md. 8-12-58
	PHYSICIAN'S				
	NAME (Type) W. H. DRUCKEMILLE	R, CAPT,MC,USN	U.S. Naval He	ospital, Beth	esda, Md.
	270. BURIAL, CREMATION, 276. DATE THEREOF				
	B. CHY OF NOWN If dusines experient limits, write   LENGTH OF STAY IN 10   L25 Days   L170 and of give papers limits, write   L25 Days   L25 Days   Chevy-Chase   Chevy-				
	R.A. Pumphrey, 7557 Wisch	nsin Ave., Beth	nesda, Mid DATE AUG.1	4 '58   Out	VIT S. Kraud



Rea Dist No.

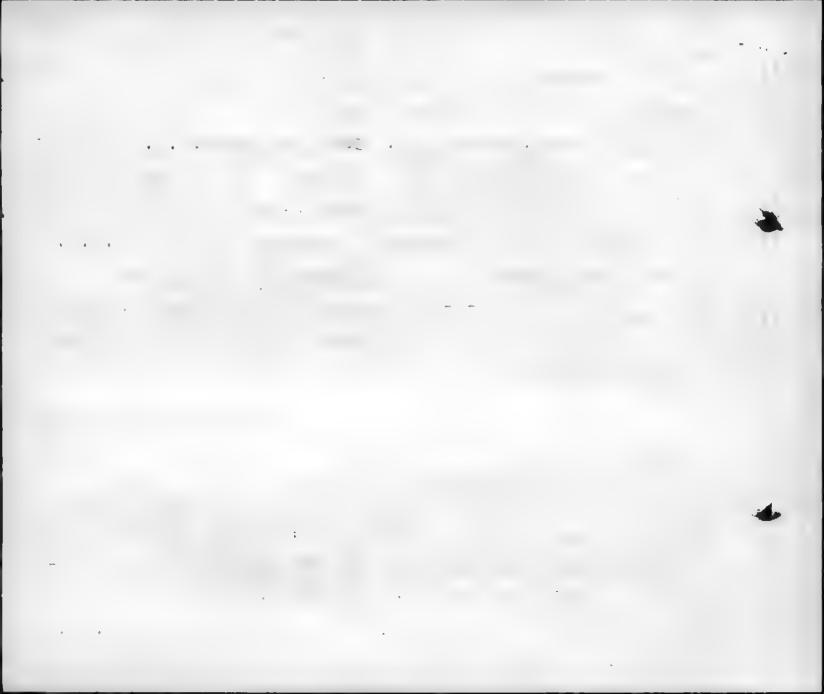
					titagi attititati
1. PLACE OF DEATH o. COUNTY	Vontage	MARYLAND	[] 0. STATE	F COUNTY	n Residence before admission)
b. CITY OR TOWN (I					IPAL and Dive secret laws)
RURAL ond give no	rorest town)	10 11		outlier corporate mining with the	41 · V ·
b. CITY OF TOWN [If outside corporate limits, write guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one give neerest from guest one guest from guest one guest from guest	l e. IS RESIDENCE				
	ON A FARM? YES NO DO				
3. NAME OF					
(Type or print)		Claire Weyant		OF DEATH A	ugust 4 19 58
	770.44			last birthday)	
					6 18
during most of work	ON (Give kind of work done) I king life, even if retired)		ISTRY 11 BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	st	Self-employed			U. S. A.
3 FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
			Katharine	Virginia Dare	Weyant
No		578-34-6130   I	he Clinical (	Center, Bethesd	a li, Maryland
	TH WAS CAUSED BY:		ogenous !	eutemi'a	INTERVAL BETWEEN ONSET AND DEATH
+,0	DUE TO				
PART II. OTH	IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES TO NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 19.)	
Z 20c. TIME OF INJUR			ACE OF INJURY (Home, form	n, 20f (City or town)	(County) (State)
D Hour a.m.		THE THE THE THE THE THE THE THE THE THE	ciory, street, office blog., en	G) :	
21. I certify th	at Lattended the dece	ased from June	23 10 58 to	August, J. 10 58	that I last raw the decour
b. CITY OF TOWN, If outlide corporole limits, write   C. LENGH OF STAY IN 16   District of Columbia.  b. CITY OF TOWN, If outlide corporole limits, write   C. LENGH OF STAY IN 16   District of Columbia.  c. CITY OF TOWN, If outlide corporole limits, write   C. LENGH OF STAY IN 16   District of Columbia.  c. CITY OF TOWN (If outlide corporole limits, write RURAL and go washington.  d. NAME OF DOSTITAL (if not in hospital, give street address)   One INSTITUTION  The Clinical Center, Bethesda   11, Md.   STREET ADDRESS   3820 Southern Avenue, S. E.    1. NAME OF DEFEASED   Male   Middle   District   Middle   District   Dis	and an the data stated above				
		, and mar dean			
BUBAL ond give neveral town)  Bethesda  d. NAME OF MOSPITAL (If not in hospital, gives street address)  d. NAME OF MOSPITAL (If not in hospital, gives street address)  d. STREET ADDRESS  380 Southern Avenue, S. E.  No PINSTILLION  1.5 SEX  Middle  Male  Mittle  Mittle  Mittle  Middle  Middle  Mittle  Middle  Middle  Middle  Mittle  Middle	8-4-58				
		700			
PHYSICIAN'S NAME (Type)	Arthur T. Ter	olitzky, M. D.			
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF				r county) (State)
REMOVAL (Specify)	d/= /= 1				
				*	
Robert A.	Pumphrev	Bethesda, Mar		1 f al à a	Lesuch
		m	AND AND MANY		

oletely filled in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a page 3 should be detached. Tuse as the burial-transit permit. Then place rehave carban permit phase retains the registrar prior to burial, cremation, ar remaval, and in any event with a 72 hours after deat

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VS A15 (4) 15M 10/57



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

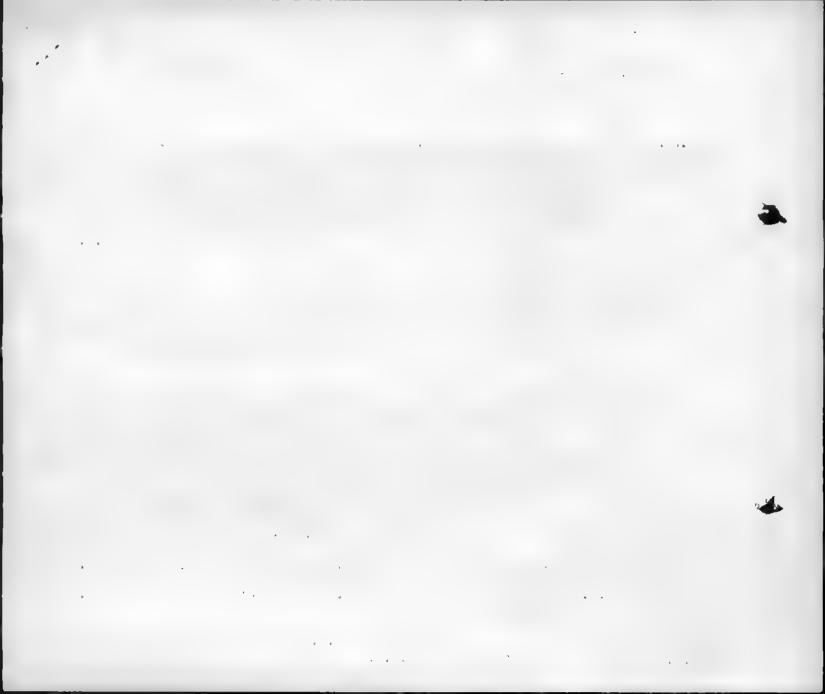
332	CERTIFICATE	OF DEATH
uluk Co		<b>U. DE 11111</b>

Dist. No. ()9327

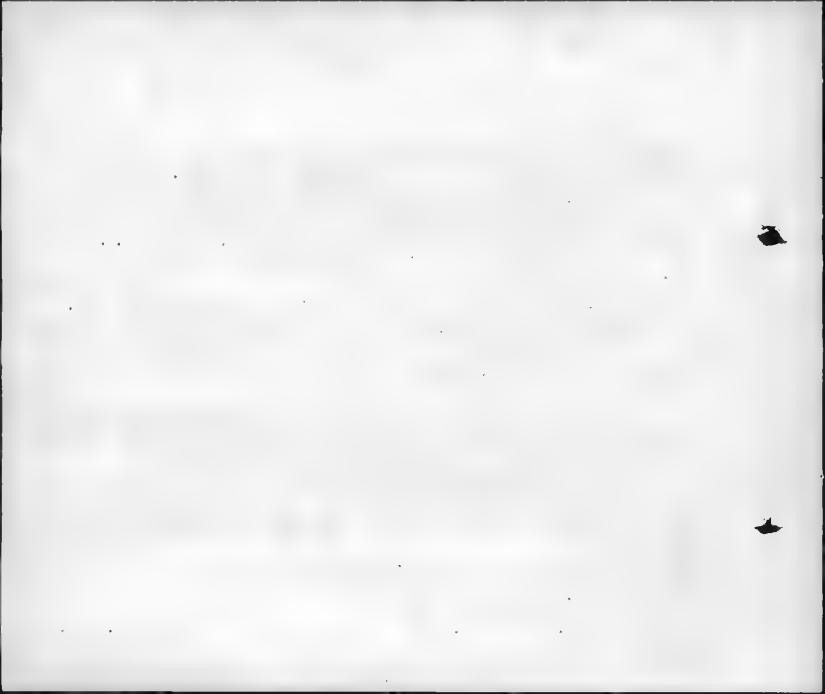
								KAR. DI			
1. PLACE OF DEATH  o. COUNTY  M	ontgomery		MARYLAN	D	2. USUAL RESIDENCE a STATE	(Where decease	d lived. If institute b. COUNTY		ce before odn	-	
b. CITY OR TOWN (	f outside corporate limits, s	write.	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN	(If outside carps	orate limits, write RI	JRAL and	give nearest to	own)	
RURAL ond give no Bethe	sda.		21 days		Chevy Chase	е '🥄					
d. NAME OF HOSPIT	AL (If not in hospital, give	street o	iddress)		d STREET ADDRESS					RESIDENCE LA FARM?	
	Suburban	Hos	spital		4600 High	Street				□ NO.	
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Moni	h	Doy	Year	
(Type or print)	Lacey		Balch		Tschiff		Aug	ust	30	19 58	
S. SEX	6. COLOR OR RACE 7.	MARRI	ED NEVER MARRIED	8	DATE OF BIRTH				I YEAR IF UN	IDER 24 HRS.	
Female		DOWE			ctober 13,		last birthday] 83 yrs.	Months	Days Hou	rs Min	
10a. USUAL OCCUPATIO	ON (Give kind of work done	e 10b. K	CIND OF BUSINESS OR IN	DUST	RY 11 BIRTHPLACE (SI	late or fareign c	ountry)	12. CIT	IZEN OF WH	AT COUNTRY?	
	vernment	I	reasury Dept		Maryla				U.S.	A.	
13. FATHER'S NAME					14 MOTHER'S MAIDE	N NAME					
	rge R. Rice				Elberta	Moore					
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	? 16. 5			FORMANT Daugh		Addr	ess			
		1	l	irs	. Dorothy	I . Moyer		As a	bove		
4 1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH										
PART I, DEA	IMMEDIATE CAUSE (a) Flag Conflict Comment Coff										
4,0	DUE TO DUE TO										
	Conditions, if ony, which ) (b) I'm bol us I'm duch Int. 10- 1/mto: 30										
	gave rise to immediate cause (a), stating the under.										
lying cause last. (c)											
PART II. OTH	IER SIGNIFICANT CONDITI	ONS CO	ONTRIBUTING TO DEATH B	א דענ	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	EN IN PART	1(a) 19. WA	S AUTOPSY FORMED?	
3									YES [		
OR CONTRIBUTING	S UNDERLYING (20) CAUSE OF DEATH MEDICAL EXAMINER)	DESC	RIBE HOW INJURY OCCUP	RED.	(Enter nature of injury	in Port 1 ar Par	t II of item 18 )				
20c. TIME OF INJUR		p	JURY OCCURRED 20e	PLA(	CE OF INJURY (Home, I	orm, 201. (City	or tawn)	£ (C	ounty)	(State)	
Hour - m.		While at work	Not while of work	rucie	ory, street, office bldg ,	etc.)	- Charle	7/5	tome	Mil	
21. I certify th	21. I certify that I attended the deceased fram										
alive an	BS AUG	19. J.		ath (	accurred at 1/2	M from					
	00 (	1 4.1	erry and mar dec	4111	accorred digages		treet, city or town,		ie dure sit	DATE SIGNED	
ACTUAL SIGNATURE	Milla	_	la	M	0. 1726	£ 3= .	4 N -	L	1223.	PC	
PHYSICIAN'S NAME (Type)	M. Hon	C.	Cubin			***	****				
22a. BURIAL, CREMATIO	1 10	3F	22c. NAME OF CEMETERY	OR	CREMATORY PATORIU		TION (City, town, o	county	& WAS	rd & C	
23. FOR ERAL DIRECTOR	Signature Scr.	5	ADDRESS	()		CED 3		TRAR'S SIC	4		
7/				4	1	ALL .	e tr	GANTI Y	wave.		



				MARY	LAND	STATE DEP	ARTME	NT OF HEALTH	-BAL	TIMORE, 18	3	
٠.				9333	3	CERT	IFICA	TE OF DEATH	1		Reg. Dist. No.	20533
Page directa iled wii		1	ACE OF DEATH D. COUNTY Mon:	tgomery		MAR	YLAND				: Residence befo	re admission) 🐧 🖫
eath erol be f			CITY OR TOWN (IF	outside corporate lim prest town)	its, write	c. LENGTH OF STA	Y IN 16			ole limits, write RU	RAL and give nec	irest town)
offer de the fun should	ŕ		Bethesda (1	Rural)	nium atrant	110 Days			ton	4	1.0	- IE DECIDENCE
N 2.01	( #S	1	d. NAME OF HOSPITA OR INSTITUTION J.S. Naval	Hognital	Reti	nesae Ma			off Store	eet N.W.		ON A FARM?
haur in b ond	NE NE	7	NAME OF	Fi		Middl	e 1	Lost	4. DATE		Do	
illed es 1			DECEASED (Type or print)	Sam	uel	(n	mn)	VANCE	OF DEATH	Augu		
rithin 2 ely filla Poges		5. 5	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARK	IED B	. DATE OF BIRTH		9. AGE (In years I		
r F			Male	Negro	WIDOW	-				F firm F 1 0 1		
court pop	/		during most of works	N (Give kind of working life, even if retired	0		OR INDUST		_	iuntry)		
ă Pat	/ 1		Painter FATHER'S NAME			Commercial					Į Ū.	.5.
		4	rank VANC	ក								
rhificat physical move hours		15.	WAS DECEASED EVER			SOCIAL SECURITY N	Q. 17. IN		TACE	Addre	15	
death cer ttending p please rer within 72 t			res 9-3-42	to 1-10-4	/	Inknown	Of	ficial Navy F	lecord	S		
				TH [Enter only one co		ne for (a), (b), and (c	).]	11 2			INTI	RVAL BETWEEN
the of the order			PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	/3	usmou	w el	le Cercen	ima	) Bulle	14. 5	ecrest fown)  e. IS RESIDENCE ON A FARM? YES NO 2  19 58  IR IF UNDER 24 HRS Hours Min OF WHAT COUNTRY  J. S.  ITERVAL BETWEEN USET AND DEATH  STAND DEATH  STAND DEATH  (Stole)  (Stole)  URE
hot you the				DUE TO	m.	started		,				
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hysicia s been sl-trans		CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO D	EATH BUT N	2 SUALA RESIDENCE (Where deceased lived It institution: Residence before admission)   0 STATE District of Columbia   1				
ng p e ho ourio		THE	200. ACCIDENT WAS	S_UNDERLYING [	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in P	ort I or Port	II of item 18 )		neorest town)  e. IS RESIDENCE ON A FARM? YES NO 2  Doy Yeor 12 1958  EAR IF UNDER 24 HRS YS Hours Min N OF WHAT COUNTRY  U.S.  INTERVAL BETWEEN DNSET AND DEATH DNSET AND DEATH ON SET AND DEATH
IAN endi ficat ficat			(IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)						Reg. Dist. No.  Reg. Dist. No.  Reg. Dist. No.  Reg. Dist. No.  Residence before admission)  COLUMNIA  Residence before admission)  Residence  Residence  ON A FARM?  YES ON A FARM		
YSIC orti		MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Ye	ar 20d II While	NJURY OCCURRED	20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City	Or fown)	(County)	(Stole)
H To See		X.	p. m.	19	of wor	k at work		-0			Reg. Dist. No.  Reg. Dist. No.  If institution: Residence before admission)  b. CQUINTY  mils, write RURAL and give nearest fown)  4	
Nicer Filer of Filer			2.7	at I attended the	deceas	ed fram 23 A	pril	19.58 to 12	Augu	st 1958	that I last so	dence before admission)  e. IS RESIDENCE ON A FARM? YES NO 19  Doy Yeor 12 19 58  Days Haurs Min  CITIZEN OF WHAT COUNTRY U.S.  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH  FOR PERFORMED? YES NO 1  (County) (Stole)  I last saw the decease the date stated above DATE SIGNE (da, Md. 8-12-1)  (Gal, Md. 8-12-1)  (Slote)  SIGNATURE
TEN The 1 The 1 Tach tach			alive an	August	, 19	58, and tha	t death					
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5 5 5		23 /	FUNEFAL DIRECTOR'S			ADDRESS WA	shing	ton, D.C 249 AFC	BYREGIST	RAR 246 REGIST	RAR'S SIGNATUI	RE
VS A15 (4) 15M 10/57		W	I. Jacorts	/Funeral H	ome,	1432 "U" S	t.N.W	DATE	7 00	C 27/34/4	D. Thank	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



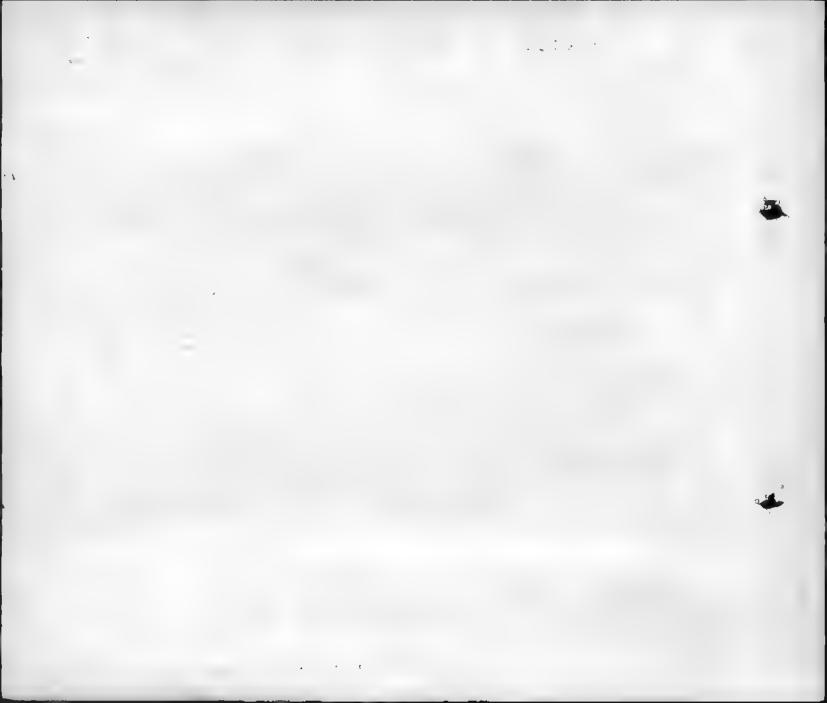
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USPITAL OR ATTENDING PRINCIAN: The law requires that the death certificate be executed within 14 haurs offer death. Fage 4	be retained by the haspital or attending physician.	INERAL DIRECTOR: After 11/2, certificate has been signed by the attending physician and com resty filled in by the funeral director.	e 3 should be detached for the burial-transit permit. Then please remove carbon paper (**) Pages 1 and 2 should be filed with	renistent prior to hallot reduction or campon and in one award within 72 bours often death
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	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	18

CERTIFICATE OF DEAT	335	CERTIFICATE	OF	DEAT
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Reg. Dist. No.

1. PLACE OF o. COUNT.	DEATH				II A STATE	DENCE (WI	here deceased	lived. If in	stitution: Reside	nce before od	mission)	
	Montg	omery	MARYLANI		Md.		b. CO	Mont	groter	У		
RURAL	and give near		write	E. LENGTH OF STAY IN 1	c. CITY OR	II) NWOT	outside corpor	ote limits, v	vrite RURAL and	give nearest	lown)	
		pring		3½ years Silver Cpring, .				. 5.	8 6			
OR INS	TITUTION	(If not in hospital, give		oddress)	d. STREET /		00 137	0	ė.	e. IS	RESIDENCE N A FARM?	
Green	's Yu	rsing Ton	е		1,7010	o ar n	OG AV			YES	NO N	
3. NAME OF DECEASED		First		Middle	lo	st	4. DATE		Month	Doy	Yeor	
(Type or p	rint)	George Eu	gen	e Verm			DEATH		igust	21	19 5º	
5. SEX		6. COLOR OR RACE 7.	MARRI	IED NEVER MARRIED	8. DATE OF BIRT	72.		9. AGE [In lost birth	years IF UNDER	Doys Ho	NDER 24 HRS.	
Ni		II W	IDOWE	D IVORCED	June 1	事, 1	876	83	yrs.	Days 110	urs Min.	
10a. USUAL C	OCCUPATION	(Give kind of work doning life, even if retired)	e 10b. I	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (Stote	or foreign co	untry)	12. CI	TIZEN OF W	HAT COUNTRY	
	(reti			None	New	Ham	pshir	е		TT. S		
13. FATHER'S	NAME				14. MOTHER'S							
Fre	d Ve	rment			Unk	nown	· (L)	41RS	MICH	TAUI	) v	
	EASED EVER I	IN U. S. ARMED FORCES		SOCIAL SECURITY NO. 17	. INFORMANT				A didago			
No	7,	ies, give wor or outside or service		6409 4685	Ers. Joh	n W.	Wrat	hall	10915	Jargs	e Ave	
18. CAU	SE OF DEATH	f [Enter only one couse								INTERVA	AFTWEEN	
		WAS CAUSED BY		CEREBA	111 -11	170	. 7 . 0 .	f m		ONSET	ND DEATH	
				CEVEUV	752- 11	1401	112071	. 1		500	2 7/5 3	
00	TX	DUE TO										
	ions, if ony			<u> </u>								
	rise to ima o), stoting the											
	ouse lost.	(c)										
Z P.	ART II. OTHER		ONS C	ONTRIBUTING TO DEATH	IUT NOT RELATED TO	THE TERM	INAL DISEASE	CONDITIO	N GIVEN IN PA	RT 1(o) 19. W	AS AUTOPSY	
\$											REORMED?	
NOTATION POR CONTRACTOR  IDENT WAS	UNDERLYING   206	o. DESC	RIBE HOW INJURY OCCU	RED. (Enter noture of	of injury in	Port I or Port	II of item 1	6.)				
OR CONT	FRIBUTING TR. NOTIFY M	UNDERLYING 200 CAUSE OF DEATH EDICAL EXAMINER)			·							
			204 IN	IJURY OCCURRED 20e.	PLACE OF INJURY	Home fore	206 (5)	or town)		(County)	(Stote)	
	ur e.m.		While	Not while	foctory, street, offic	e bldg., etc	:.) {	or town)		County	(Store)	
	p. m.		ot work	Name of Street								
21. I co	ertify that	I attended the de	ecease	ed from NOUL	16 , 1955	7 10 F	106 3	Z19	95 S.that E	last saw t	he deceas	
alive a	- ·	16 W. 21	10 5	and that dec	ath accurred at	530	4 M from	the cou	tar and an I	the date of	ant and and an	
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PHYSICIA	AN's .To	mes A. Ro	ber	ts		- A		7 1	6.	40 11	A	
NAME (T	Abe)	mes, At soo				1/601	R St	RIN	6-111	MR46	AND,	
220. BURIAL,	CREMATION.	22b. DATE THEREOF		22c. NAME OF CEMETER	OR CREMATORY				own, or county)		Stote)	
LATI, T	(Specify)	8-33-58		F. Line	oln		ı'ri	nce (	Georres	Coun	by, M	
23 FUNERAL	DIRECTOR'S	SIGNATURE		ADDRESS		240, REC'	D BY REGIST	RAR 24b.	REGISTRAR'S SI	GNATURE		
12 FAL	114. (	THOUSE T	= 1	Silver Sp	ring MA		0 = 100	1	7 -2 0			



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

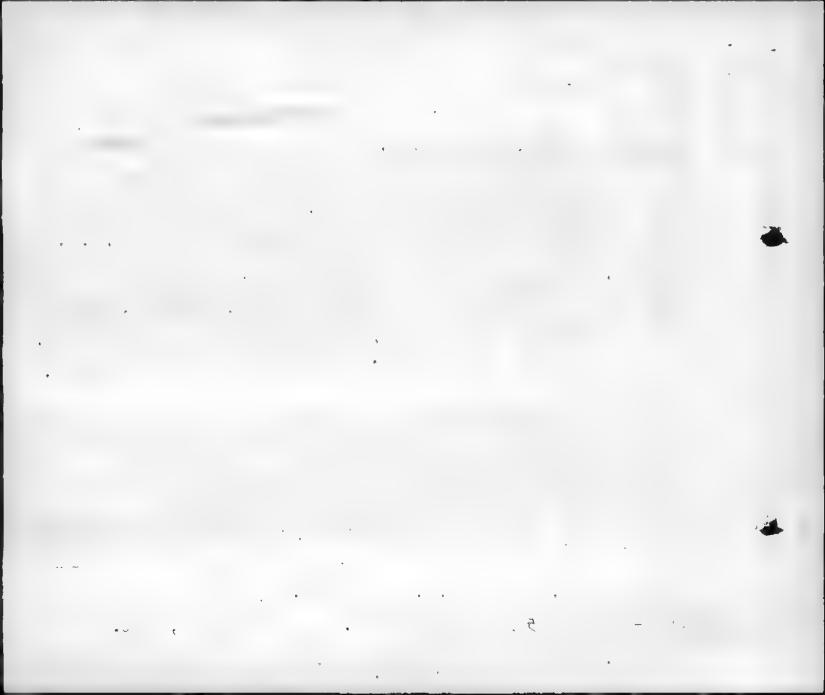
9336 CERTIFICATE OF DEATH

Reg. Dist. No.

09331

Male White WIDOWED DIVORCED June 1, 1954   lost birthday) 4 yrs   Month    100 USUAL OCCUPATION (Give kind of work done done doring most of working life, even if refired)   None   Wisconsin    13. FATHER'S NAME	on Reside	ence befo	re admiss	s-on)							
b. CITY OR TOWN	(If outside carporate limit	s, write	c. LENGTH OF STAY IN TE	,	c. CITY OR TOWN (If or	utside corpo	rate limits, write R	JRAL ond	give ner	arest town	n)
- 11 2	·		17 days		Milwaukee		C	,			
d. NAME OF HOSP	TAL (If not in hospital, or	ive street	address)		d. STREET ADDRESS					e. IS RES	SIDENCE A FARM?
		. Be	thesda lh. M	3	h209 North	Li2nd	Place				NO 📆
3. NAME OF					Last		Mon	th	Da	ıy	Year
	F	lobin	John		Vilar	DEATH	At A	igust	ե 2	2	1958
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9 AGE (In years				ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED		June 1, 195	4		Months	Days	Hours	Min.
100 USUAL OCCUPAT	ION (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Stole	or foreign c	ountry)	12. C	TIZEN C	F WHAT	COUNTRY
	irking life, even it relifed,		None		Wiscon	sin			U.	S. A	1.
				1.	. MOTHER'S MAIDEN N	AME					
Robert	L. Vilar				Nancy Samu	elsen					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17	. INFO				e55			
	(II yes, give wor or dates of s	stvice)							M.	aryla	and
IB. CAUSE OF DE	EATH   Enter only one co	use per lin	ne for (a), (b), and (c) ]			<u></u>			INT	ERVAL BE	ETWEEN
	ATH WAS CAUSED BY:			7737	insufficien	rv			ONS	SET AND	hrs.
180X	•	}	110001111100	<u> </u>	ALIDOLL A ACACOIN					40	*** 12. A
Conditions if	many subtable		Wilmle to	mor	with wides	heard	metactac	203		7	yr.
gove rise to	immediate (	}	**************************************	LE PARIE	Walon Wildon	DE COIG	MO DEL DUL	000			3++
	g me under-										
_	, lc		CONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIV	EN IN PA	ART 1(0) 1	19. WAS	AUTOPSY
¥		***								PERFO	NO T
PART II. O'  ZOO. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in P	art I or Par	t It of item 18.)				
20c. TIME OF INJU	10	While	NJURY OCCURRED 20e.  Not while k of work		OF INJURY (Home, form, , street, office bldg., etc.)		or town)		(County)		(State)
21. I certify t	that I attended the	deceas	ed from July	16	, 1958, to A	ugust	2 1958	that I	I Inst s	aw the	decense
alive on	August 2	195			curred at 2:00A						
./	11 /1/	20.	Λ A				treet, city or town,		ine du		ATE SIGNE
ACTUAL SIGNATURE	HarnedE	AL	l herman		The Clinic					8-	2-58
7	1			m.o.	National I			eal:	th		
PHYSICIAN'S I	larold R. Si	lber	man, M. D.		Bethesda 1			9-14			
220 BURIAL CREMATI BUREMDYALLISOOF	on, 22b. DATE THEREO	/58	722c NAME OF CEMETERY Milwaukee	OR CR	EMATORY	22d. LOCA	TION (City, Iown, o	Wis		(Stat	te)
23. FUNERAL DIRECTO			ADDRESS			BY REGIST				PF	
_	A. Pumphre	v '		sir	AVE DATE M		58 PU	- (		V	
	rombitt 6	J _	INDICOU	OTI	ATV C & DATE M	IG 5	50 100	11-52	Such		

Detresda, Md.



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

215 Reg. Dist. No.

09332

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be filed with	M	
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9337

1. PLACE OF DEATH E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within In hours after death

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-	and be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this gurlificate has been signed by the ottending physician and (	page 3 should be detached for the sast the buriol-transit permit. Then please remove carbon p	
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1.	PLACE OF DEATH COUNTY MONTGOMER	у	,	MAR	YLAND		SUAL RESIDENCE (WI				ice befo	re odmisi	Ron)
	b. CITY OR TOWN (If RURAL and give ne	outside carporate limi arest tawn)	ls, write	c. LENGTH OF STAT		c.	CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give nec	arest town	1) 🗸
	Bethesda	(Rural)		80 days	3	Th.	Vashington			4	41/	17	
	d NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		-	I. STREET ADDRESS					e. IS RES	DENCE FARM?
	U.S.Naval	Hospital,	Beth	esda, Md.		8	326 21st St	treet	N.E.				NO J
3.	NAME OF DECEASED	Fir	si	Middle	2		Last	4. DATE	Mon	ith	Da		Yeor
	(Type or print)	Thomas	3	Fulto	n	V	INES	DEATH	Augu	st	2		1958
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	B DA1	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	Male	Negro	WIDOWE	DIVORCE	D	Ma	arch 27, 19	916	42 yrs	Months	Doys	Hours	Min.
10c	USUAL OCCUPATIO	N (Give kind of work o	fone 10b	KIND OF BUSINESS	OR INDU	STRY 1	11. BIRTHPLACE (Stote	ar foreign c	country)	12. CI1	IZEN C	F WHAT	COUNTRY?
	Skycap	,		rport Serv	rices	3	No. Car	olina		U	.S./	A .	
13	FATHER'S NAME					14	MOTHER'S MAIDEN	NAME			-		
	Douglas V	INES					Ada BUCI	HANAN					
		IN U.S. ARMED FOR		SOCIAL SECURITY NO	D. 17. I	INFORA	MANT	-	Add	ress			
	Yes	WWII	5	77-26-252	3 (W	) Mt	rs. Myrtle	Vines	, same a	s #2	abor	re	
		TH [Enter only one co	use per lir	ne for {o}, {b}, and {c}	]						INT	ERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: Hypertensive cardiova				ascular di	sease	.malignar	at		er 2	DEATH VYS.			
	443× DUE TO												
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z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOTE	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
Ι¥			_								,	PERFO	RMED?
F	20g. ACCIDENT WAS	S UNDERLYING [	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Ente	er noture of injury in	Port I or Por	t II of item 18.)			163 [2]	100 L
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)							•				
3	20c. TIME OF INJURY	Month, Day, Yea	r 20d IN	NJURY OCCURRED	20e PL	ACE O	F INJURY (Home, form	n. 20f (Cub	v or town)		County)		(Stote)
MEDIC	Hour a.m.	19	While	Not while	fo	clory, s	treet, office bldg., etc	:-)	,,	·	Coomy		(Jidie)
2	p. m.		at worl		3.1.		FO A.		0 55				
		at I attended the					, 19.58 , ta_A	ugust	2, 19.20	that I	last so	w the	deceased
	alive on Aug	ust 2	, 19_5	29/_ and that	death	accu	prred at 5:18				he do		
	ACTUAL	7/	12	2///	1-3	,			treet, city or town,			8-2	ATE SIGNED
	SIGNATURE		Υ -		af	M.D	U. S. Nav	al Ho	spital, N	INMU		0-2	-20
	PHYSICIAN'S C	. U. SHILL	ING I	LT MC USN			Bethesda	14, M	aryland				
220	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c NAME OF CEN	ETERY O	R CREA	WATORY	22d LOCA	TION (City, town,	or county)		(Stot	e)
L	REMOVAL (Specify) Burial	8-6-58		Arlingt	on N	ati	onal	Arl:	ington	ŁV.	rgi	nia	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS We	shin	gto	D. C 240. REC'	D BY REGIS	TRAR 246_REGI	STRAR'S SIG	GNATU	)f	
B	A. L. JARVIS	TOWNERAL HO	ME,1	432 U ST.		_		UG 6	'58   CU	- es	uel		
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100	8	-	TO FUNERAL DIRECTOR: Page Assould be used as a burial-transit permit. File pages 1 and 2 11 the State Board of	or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death.
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S TO DEBUTY MIDICAL BAMMINE: This certificate should be executed within 24 hours after peoth. If any delay is necessary.	A	4 should be forwarded to the Light Medical Examiner's Office along with fame PM3. Page 5 repeated for your f	ME	
5	RA .	2/9	7	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

F		
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission)
	O. COUNTY MARYLAND	o. STATE D. COUNTY
ŀ	b. CITY OR TOWN 11 outside Corporate limits were RURA. C. LENGTH OF STAY IN 16	Acida
	Ond give neg est fawn)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
- 1	Chen Chase 1 with	Serenton
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS Le IS RESID, NCE
		ON A FARM
	3787 Chay Chare Lake Dr	1619 Monsey Cur YES NO W
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
1	(Type or print) -4	
-	to the Jamonan V	210Na 31 30
	5. SEX 6. COLOT OR RACE 7. MARRIED NEVER MARRIED 1	
	Male WIDOWED DIVORCED	8-15-1870 RO yrs. Months Doys Haurs Min
-	100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUST	
- 1	during most of working life, even if retired)	12. CITIZER OF WHAT COUNTY
ŀ	Valeaman	ra. M.S.C.
ſ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1		m. A it
ŀ	Jareth Un Ponce	Magret Shelon
- 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. #	REPORMANT Address
- 1	I was a mala	ind Neshant - Same a Steer 1
ŀ		INTERVAL BETWEEN
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
-1	PART 1, DEATH WAS CAUSED BY:  MMEDIATE CAUSE (0) Cornary for	chesian public
ŀ	420.1 DUE TO	
-	000.00	
- 1	Conditions, if ony, which gove rise to immediate course	
-1	(o), stating the underlying DUE TO	
-1	couse fast.	
- 1	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
, [	Q	PERFORMED?
1	5	YES 🔲 NO 🙀
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b describe how injury occurred (E	nter nature of injury in Part I or Part II of item 18 )
-	FRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
-1		
-1		CE OF INJURY (Home, form, 20f (City or lawn) (County) (Slate)  iry, street, office bldg., etc.)
н	11000 e.m. While Not while p. m. 17 at work at work	
- 1	21. I certify that I took charge of the remains described about	ve held on Autonoy [7] Inspection [7] Inspection [7] Inspection
-1	21. I certify file I look charge of the remains described abo	ve, held on Autopsy [], Inspection [], Inquiry [], ond in my
-1	opinion death resulted from: Notural causes (). Accident (	, Suicide, Homicide, Undetermined monner
1	1 1	
- 1	ACTUAL A DATE OF	CHIEF MEDICAL EXAMINER
	SIGNATURE - MALLY & I STATE HOLE	
	EXAMINER'S TIA NUT TO	ASSISTANT MEDICAL EXAMINER
-	NAME (Type) FRANK J. Bruschart	DEPUTY MEDICAL EXAMINER TO 1000
	220. BUR AL CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (Stole)
- î	PENACYAL (Specify)	(5.00)
	23 FUNERAL D RECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	ROBERT A. PUMPHREY Bethesda, Md.	DATE SEP 2 '58 Clothan I House
	·	ANADUM A MARKE



#### FOR STA HEALTH E

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10001

ATE	9339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19334
EPT.	o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o. STATE  maryland  O. STATE  maryland
M	b. CITY OR TOWN (It outs do corporate limits, write RURAL and give negrest town)  and give negrest fawn)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  To. 15 FESIDENCE
7.1	Kensenton Gersleus Neurous Home 16/16 Perstung De VES NO F.
	(Type or print)  Color or race 7. Married Never Married B Date Of Birth  G. COLOR OR RACE 7. Married Never Married B Date Of Birth  9. AGE Infraorit   JE UNDER TYEAR   JE UNDER 24 HRS
	100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY2  duping most of working life, even (Fretired)  13. FACHER'S NAME  14 MOTHER'S MAIDEN NAME
	15. WAS DECEASED/EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO 17. INFORMANT Address (15 yes give war at dates of tervice)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) }  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Curculatory  Faulure    W/:
1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Inacture of left hip DUE TO  (c) (c) (c) (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES   NO   NO   NO   NO   NO   NO   NO   N
r of the state of	PRIMARY   or CONTRIBUTING
	21. 1 certify that ) took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural courses . Accident . Suicide . Homicide . Undetermined monner .
	SIGNATURE FIGURE DE Broschart M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
<b>√</b> 1	EXAMINER'S FANK J BADSCA21 DEPUTY MEDICAL EXAMINER & 8-4-58  220. BURIAL CREMATION [226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY [22d, LOCATION (CHY, TOWN, of COUNTY)] (State)
	burial 8/7/58 Oak Hill Cemetery Washington, D.C.  23 FUNERAL DIRECTOR'S SIGNATURE 2901 14th St. N.W.  The S.H. Hines Co. Washington 9. D.C.  DATE AUG 6 '58 Control of the control of the

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after Beath. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in tem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded if the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Gage 3 should be used as a burial-transit permit—File pages 1 d. R with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and many event within 72 hours after death. **VS. A15ME** 5M 2/57



VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9340 CERTIFICATE OF DEATH Reg. Dist. No. (1933)
	o. COUNTY DON'T GO SING VIA MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE o. STATE b. COUNTY DON'T GROWN OF
	b. CITY OR TOWN (If outside corporate limits, write fc. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)  RURAL and give pearest fown)  About 15 Abo
)	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR LYSTITUTION  OR LYSTITUTION  OR LYSTITUTION  OR LYSTITUTION  OR A FARM?  YES \( NO B SEV 0 / 4 5 \text{ To B SEV 0 / 4 5 \text
	3. NAME OF DECEASED (Type or print) Chester Middle Target OF DEATH AUG 16 1958
	5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  SEPT, 30, 1817  9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS   last birthdoyl   Months   Doys   Hours   Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Total Hitovies  12. CITIZEN OF WHAT COUNTRY  Which.
	13. FATHER'S MAIDEN NAME Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No. or unknown)   III yes, give wor or dotes of services   16. SOCIAL SECURITY NO. 17. INFORMANT  Nelson   17. INFORMANT   18. Social Security No. 17. INFORMANT   18. Social Security No.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY)  IMMEDIATE CAUSE (o)  ACUTE (NYSCOLI)  INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o)
	Conditions, if any, which are rise to immediate the conditions of any which to immediate the conditions of the condition
	Couse (a), stating the <u>under</u> Note TO  Iying cause lost.  (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMER?  YES   NO.
	200. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Hour a. m.  19 While of work of w
	21. I certify that I attended the deceased from 11/2, 1938, to HUJUSI 6, 1938, that I last saw the deceased alive on 12/2, 1958, and that death occurred at 10/0M, from the causes and on the date stated above
	ACTUAL SIGNATURE 169 - Nurth M.D. 370/ Some No MUN 16 Hay. 19
1	PHYSICIAN'S C. Roger Kurtz, M.D. Washing for 8 DC
	220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City. town. of county) (State)  BURIAL (Specify) AUG. 19, 1958 ARLINGTON MATICAAL ALINGTON, VA.
	23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  L. P. I VOS MAS. 2947 WILSON B. VD ARLINGTON & DATE 1 9 58  OATE 1 9 58



Pages 1 and 2 should be filted will

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After it certificate has been signed by the attending physician and carry page 3 shauld be detached from as the burial-transit permit. Then please remove carbon page the registrar prior to burial, crematian, or remaval, and in any event within/72 haufs after death.

VS A15 (4) 15M 10/57

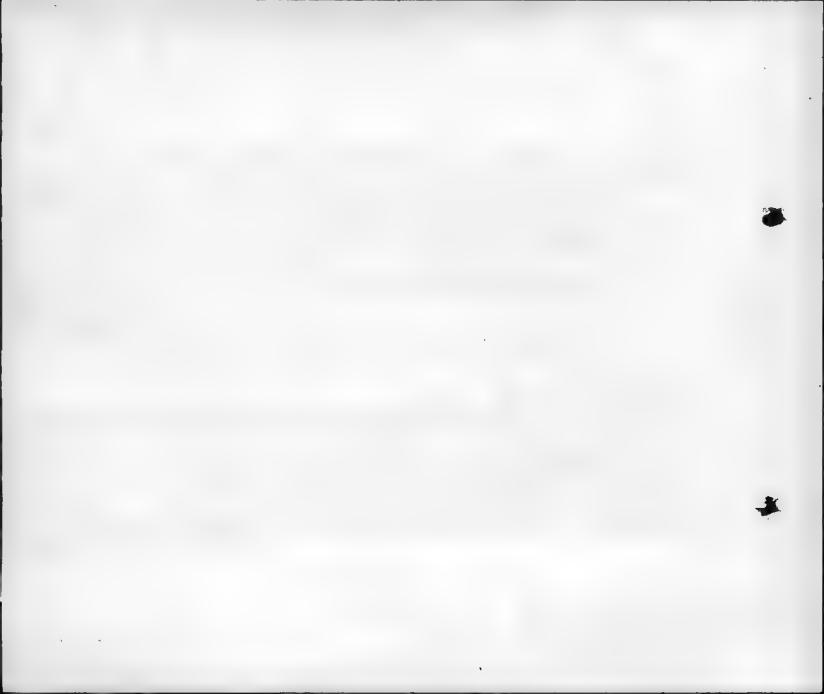
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09336

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

3 NAME OF DECRASED POR PRINCIPLE AND A COUNTY MARRIED NOT NEVER MARRIED NOT PRIVER MARRIE				wad. bis	. 110.
D. CITY OF TOWN (If outlide corporate limit), write a composed limit, write a			2. USUAL RESIDENCE (Where deced a. STATE		before admission)
d. NAME OF NOOTHALL HOST IN HOST HOLD STREET OCCUPIED THE STREET OF STREET ADDRESS OF INDUSTRY 13, PRINCEPO CONTRIBUTING OF STREET MADERS OF INDUSTRY 13, PRINCEPO CONTRIBUTING OF STREET MADERS OF INDUSTRY 13, PRINCEPO CONTRIBUTING OF STREET MADERS OF INDUSTRY 13, PRINCEPO CONTRIBUTING OF STREET	b. CITY OR TOWN (If outside corporate limity, write   c. L		c. CITY OR TOWN (If outside con	porale limits, write RURAL and or	ve neorest lown
d. NAME OF HOSPITAL (IF not in hospital) gives a street oddress) gives a street oddress gives	160.76 0001	3/125	X GAITHE	= PShupa	,
NAME OF DECRASD (17) A MINISTER OF DEATH (17)	d. NAME OF HOSPITAL (If not in haspital, give street addre	ess)	d STREET ADDRESS	x y y y y	
DECREASE DITION (SIVE RICE OF RICE)  5. SEX  6. COLOR OR RACE (7. MARRIED DIVEYER MARRIED DI DATE OF BIRTH  10. USUAL OCCUPATION (SIVE kind of vegets demonstrated of the control of verying most of verying like, even if gliffed of lob. KIND OF BUSINESS OR INDUSTRY 11. girthface (Sluir ar foreign country)  10. USUAL OCCUPATION (Sive kind of vegets demonstrated of verying most of verying like, even if gliffed of lob. KIND OF BUSINESS OR INDUSTRY 11. girthface (Sluir ar foreign country)  10. FATHER'S NAME  11. FATHER'S NAME  12. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S NAME  15. WAS DECRASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  19. PART I. DEATH WAS CAUSED IV.  19. IMMEDIATE CAUSE (o)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTOPTY  PERFORMAND  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTOPTY  PERFORMAND  19. MOTHER'S NAME  19. MOTHER'S N	6 M V	U.E.	5 MEEN	AUE	YES NO P
5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   D. DATE OF BIRTH   S. AGE (in yellor indication)   S. AGE (in yellor i	DECEASED	WALLAC	1// OF	1 1	0' -0
100. USUAL OCCUPATION (Give kind of wgut dome   10b. RIND OF BUSINESS OR INDUSTRY   11, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13, prefitiple. (Sitiole or foreign country)   13, prefitiple. (Sitiole or foreign country)   14 MOTHER'S MADIDEN NAME   15 MOTHER STAND REPORT   15 MOTHER STAND REPORT   15 MOTHER STAND REPORT   15 MOTHER STAND REPORT   16 MOTHER STAND REP	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B.	DATE OF BIRTH	P. AGE (In yours IF UNDER 1	YEAR IF UNDER 24 HRS
13. FATHER'S NAME   14 MOTHER'S MAINER   15 WAS BECEASED PUE IN U. S. ABMED FORCES?   16. SOCIAL SECURITY NO. 17 INFORMANT   17 INFORMANT   18. CAUSE OF DEATH   19. THE PURPLE   18. THE PURPLE   19. THE PURPL				1,2, yrs.	Poys Hours Min
13. FATHER'S NAME  REU.  14. MOTHER'S MAIDEN NAME  REU.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  PART I. DEATH WAS CAUSED BY.  16. SOCIAL SECURITY NO. 17 INFORMANT  PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c)]  PART I. DEATH WAS CAUSED BY.  19. DUE TO  Conditions, if any, which gove rise 10 immediate course (c). thating the modes course (c). stating the modes course (c). stating the modes course (c). stating the modes (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  TO CONTRIBUTING CAUSE OF DEATH CEITHER, NOTIFY MEDICAL EXAMINER!  20. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  10. TIME OF INJURY MONTH, DON'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  10. TIME OF INJURY MONTH, DON'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  10. ACCIDENT WAS UNDERLYING— 10. CONTRIBUTING— 10. CON	during most or working life, even it petired)	OF BUSINESS OR INDUSTRI	RY 11. 9TRIHPLACE (State or foreign	country) 12 CITIZ	TEN OF WHAT COUNTRY?
IB. CAUSE OF DEATH   Enter only one couse per line for (p), (b), and (c)		, - , , , ,	14 MOTHER'S MAIDEN NAME	71.0	1
IB. CAUSE OF DEATH   Enter only one couse per line for (p), (b), and (c)	REU. WM WALL	ACE	MARGA	RET EL	dEP.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause tost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTING CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  TEST OF CO		AL SECURITY NO. 17 INF	ORMANT	Address 5	MEEM AU
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate couse (c), staling the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NOVE  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of	No -	I I E	V. J. D. WAR	NER GAIT	hERS DURGI
DUE TO  Canditions, if any, which gove rise 1a immediate couse (a), staining the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  OR CONTRIBUTING CAUSE OF DEATH III. ETHER, NOTIFY MEDICAL EXAMINER!  OR CONTRIBUTIVE MEDICAL EXAMINER!  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NAME (THE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NAME (THE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NAME (THE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1			- ' /		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate course (a), stating the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?	IMMEDIATE CAUSE (o)	entil	acture.		
gove rise ta immediate couse (a), stating the under lying cause lost.  Part II. Other Significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy performed? Yes now perfor	0.1	no in il	1		
State   Stat	gave rise to immediate	0,000	gozarall	(3	
20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED While at work of mounts of m	lying cause lost. (c) Hype	entansion			
20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED While at work of mounts of m	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased from 15 5 5 19, 19 to Aus 18, 19 5, that I last saw the deceased alive on Aug. 18 19 5, and that death accurred at 20 P. M. from the causes and an the date stated above ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE ACTUAL ACTUAL ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Lucian 1. Led M.D.  220 BURIAL, CREMATION, 22b. DATE THEREOF PARKIEWY OR CREMATORY  REMOVAL (Specify)  Birpial 8/22/58  Parklawm  221. I certify that I attended the deceased from 19 I last saw the decease of the date stated above ADDRESS (Street, city or town, stote)  DATE SIGNATURE  222. NAME OF CEMETERY OR CREMATORY  PARKLAWM  223. NAME OF CEMETERY OR CREMATORY  Parklawm  224. LOCATION (City, town, or county)  Montgomery County Md.  2240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE		HOW INJURY OCCURRED.	(Enter nature af injury in Port I or Po	ort II of item 18.)	
21. I certify that I attended the deceased from 15 5 5 19, 19 to Aus 18, 19 5, that I last saw the deceased alive on Aug. 18 19 5, and that death accurred at 20 P. M. from the causes and an the date stated above ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE ACTUAL ACTUAL ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Lucian 1. Led M.D.  220 BURIAL, CREMATION, 22b. DATE THEREOF PARKIEWY OR CREMATORY  REMOVAL (Specify)  Birpial 8/22/58  Parklawm  221. I certify that I attended the deceased from 19 I last saw the decease of the date stated above ADDRESS (Street, city or town, stote)  DATE SIGNATURE  222. NAME OF CEMETERY OR CREMATORY  PARKLAWM  223. NAME OF CEMETERY OR CREMATORY  Parklawm  224. LOCATION (City, town, or county)  Montgomery County Md.  2240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	Y OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20) (Ci	ty ar town) (Co	unty) (Slote)
actual SIGNATURE ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (STREET, STREET, STRE	₹ p.m. 19 at work □	1 401 411116 {			
actual SIGNATURE ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (STREET, STREET, STRE	21. I certify that I attended the deceased fi		19 , 10 AUS.	18, 1958, that 1 la	st saw the deceased
ACTUAL SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNET SIGNATURE  22c. NAME OF CEMETERY OR CREMATORY  PARK 1 ST. W. W. 24c. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	alive on Hug. 8 1948	, and that death a	recurred at <u>くさい ア. M</u> , fro	ım the causes and an the	date stated above.
PHYSICIAN'S NAME (Type)  220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BUT 1 8/22/58  Parklawn  221 COLATION (City, town, or county)  Parklawn  222 FUNERAL DIRECTOR'S SIGNATURE  223 FUNERAL DIRECTOR'S SIGNATURE  224 REGISTRAR'S SIGNATURE	ACTUAL	1.0	ADDRESS (	Street, city or town, state)	DATE SIGNED
NAME (Type)  220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/22/58  Parklawn  Parklawn  Parklawn  220 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	SIGNATURE	IN SCIPLE SINCE STORE THEREOF  AND CONTROL OF BUSINESS OR INDUSTRY 11. ##THPLACE (State or foreign country)  A MOTHER'S MAIDEN NAME  A MOTHER'S MAIDEN			
Burial 8/22/58 Parklawn Montgomery County Md.  23 FUNERAL DIRECTOR'S SIGNATURE  20 ADDRESS 4 th 54 W. W 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE	PHYSICIAN'S LUCIANO	1. Led1	M.D.		
Burial 8/22/58 Parklawn Montgomery County Md.  23 FUNERAL DIRECTOR'S SIGNATURE 240 REGISTRAR'S SIGNATURE 240 REGISTRAR'S SIGNATURE		. NAME OF CEMETERY OR C	CREMATORY 22d. LOC.	ATION (City, town, or county)	(State)
20 10 1 = 14 00 12 140 KE D BI	Burial 8/22/58 P				
	7 - 1 1 - 900	ADDRESS 14 th S	240. REC'D BY REGIS		



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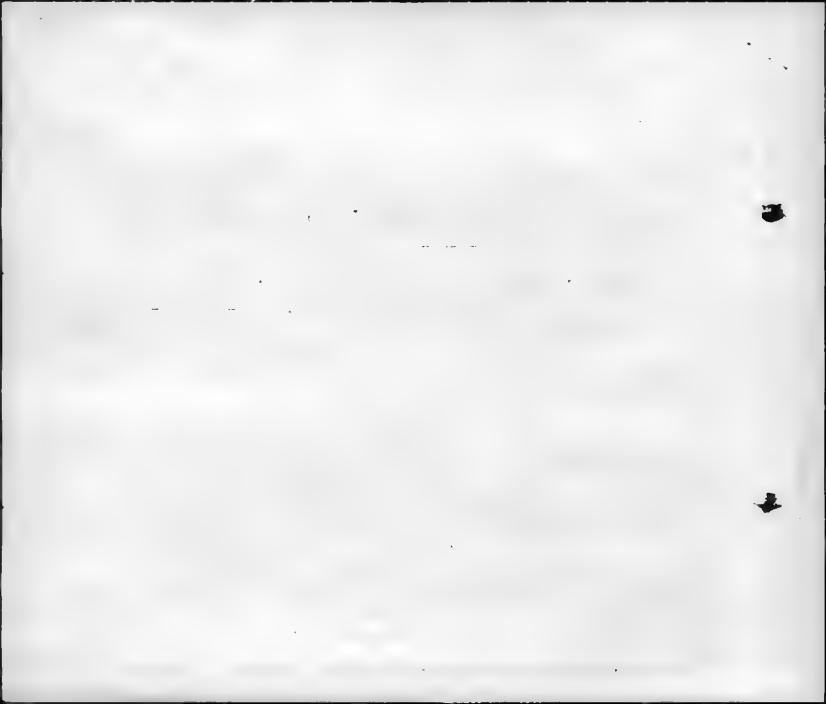
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ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

93/9	QLIVIII (Q)	116 91 01/11		Reg. Dist. No.	
PLACE OF DEATH     COUNTY		2. USUAL RESIDENCE (Who	era deceased lived. If institu		admission)
Montgomery	MARYLAND	Marvl	b. COUNT	* T .	A 1477
	LENGTH OF STAY IN 1b		ulside corporate limits, write	Pural and give regre	
RURAL and give nearest town)	LENOTH OF STATE OF TO	L. Citt Ok Tottit (ir o	- Inde Corporole Illino, with	NORME ONG GIVE HEAVE	st 10wil)
Chevy Chase		X Chevy	Chase		
<ul> <li>d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUT ON</li> </ul>	ress)	d. STREET ADDRESS		e.	IS RESIDENCE
3903 Leland Street		3903 Lel	and Street		YES NO 🔀
3. NAME OF First	Middle	Lost	) Of	onth Day	Yeor
(Type or print) FLORENCE	В	WEBB	DEATH Augus	st . 5	19 58
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday)		
Female White WIDOWED	DIVORCED	Aug. 11 18	270 88 7		Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b, KIN	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE ISlote		12. CITIZEN OF	WHAT COUNTRY
during most of working life, even if retired)		77		ITO	
HOUSEWIFE  3. FATHER'S NAME		Vermon		US	
S TOTTER PERCENT		14. MOTHER S MAIDEN IN	CITIE		
Samuel H. Brooks	· · · · · · · · · · · · · · · · · · ·	Emma	L. Smith		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOI (Yes, no of unknown)   (If yes, give wor or dates of service)	CIAL SECURITY NO 17. P	NFORMANT	Ar	ddress	
	-46-6110B	DeWitt C.	Webb-husbar	nd-same a	s 2h
18. CAUSE OF DEATH [Enter only one couse per line f	or (a), (b), and (c) ]			<del></del>	VAL BETWEEN
PART I, DEATH WAS CAUSED BY:	10010	nt care		ONSE	AND DEATH
IMMEDIATE CAUSE (o) // C/	NI PIEGIA,	MI Seve	V'C	4	days
DUE TO	1 , 1		1 .	1	
Conditions, if any, which ) (b) 1961	Ch10 St/1	Prosis 98	nerg lise	d 5	V15 7-
gove rise to immediate DUE TO		- 7 /			//-
lying couse lost.					
	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION C	GIVEN IN PART 1(a) 19.	WAS AUTOPSY
A invigator FilamiTI	A 27	11 0	· Casta	1.1	PERFORMED?
JUPICOIAN PIBRILL	allon wil	A CONGES/1	UP 741/UF	1,6	ES NO 🗵
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Port II or Hem IS )		
20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	RY OCCURRED   20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	(County)	(Stote)
Hour o. m. While of work	TABLE MILLION	ctory, street, office bidg , etc	)	460	
₹ p. m. '' of work	of work				
21. I certify that I attended the deceased		, 19 <u>58</u> , to <u>A</u>		,that I last saw	
alive on A U9 5 19 5	$\mathbb{Z}_{-}$ , and that death	occurred at 930	M, from the causes	and an the date	stated above
12 -1.01	11	· · · · · · · · · · · · · · · · · · ·	ADDRESS (Street, city or tow	en, stote)	DATE SIGNE
SIGNATURE - JUNIAN AG	46	MD. 3921 II	1901191. SY	N.41. 3	7-515
PHYSICIAN'S STEWArt (	Japp	wash	15- D.C	-	
220 BURIAL, CREMATION, 226. DATE THEREOF 2	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	or county)	(Stote)
REMOVAL (Specify)			E 1:3	7 7 7	, ,
CREMATION 8/8/58 1	Cedar Hill			d. Maryla Gistrar's signature	IIU
D. TOTAL DIRECTOR 3 SIGNATURE	UARUE22	240. REC'I	D BY REGISTRAR 24b REG	JISTRAK S SIGNATURE	
Robert A. Pumphrey Bet	thesda. Mar	vland PATERNA	11 158 (008	A a Breed	



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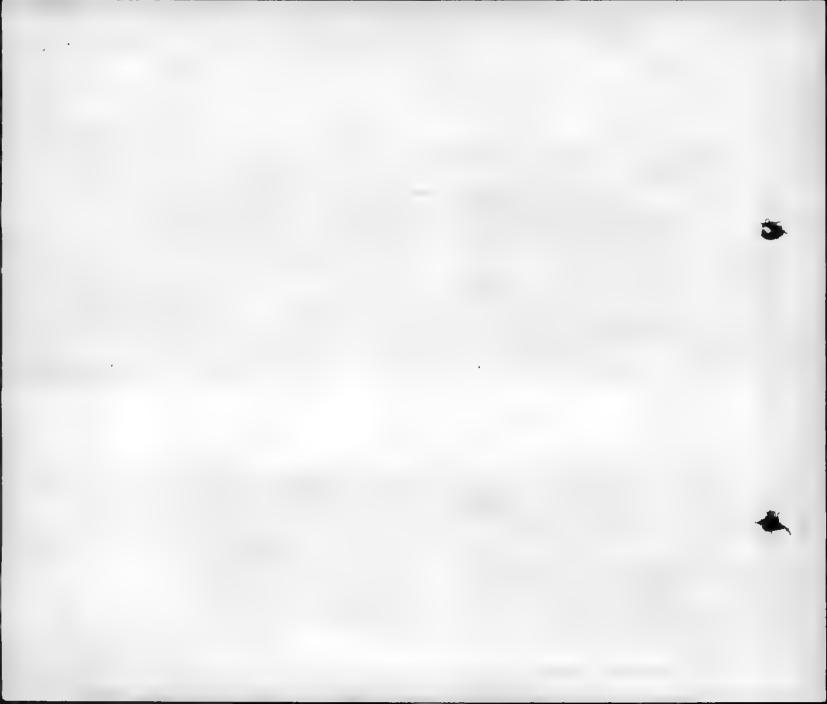
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	<u> </u>							
,	1. 9	LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE and b. COUNTY					
	ľ	MonTanmery	o. STATE Maryland b. COUNTY Montgomery					
	ŀ	o. CITY OR TOWN (If outside corporale limits, write RURAL, and give nearest found)	c. CITY OR TOWN (R outside corporate limits, write RURAL and give nedrest town)					
		ReThesda 5 days	x Kensing Tan					
		d. NAME OF HOSPITAL (If not in hospital, give street address)	II d STREET ADDRESS / I.e. IS RESIDENCE					
-		OR INSTITUTION HOSPITAL	4413 EVERETT ST. YES NO ID					
	3. 1	NAME OF First Middle	Lost 4. DATE Month Day Year					
		DECEASED Type or print)  George Jacob	Weber DEATH Qua. 15 1958					
	5. 5		8. DATE OF BIRTH  9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.  lost birthdoy) Months Days Hours Min.					
	7	male white WIDOWED DIVORCED	May 1, 1877 Strinder) Months Days Hours Min.					
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if relired)	DUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
		Retired	Indiana America					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		Joseph Weber	Elizabeth Shumcher					
			INFORMANT Address					
	{T45	ind of unknown] [If yes, give wer or dotes of service]	Ralph Weber 44/3 Everett St.					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: WAR A DEATH	water kackers a ONSET AND DEATH					
		331X DUE TO	The state of the s					
		Confirm Warman Poblish And LAN	cura, directed June 195					
	gove rise to immediate							
		lying couse lost.	Car arterioselavores any 1950					
	Ζ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY					
1	ΥĬ		PERFORMED? YES NO NO					
	FEC	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCUR!	RED (Enter noture of injury in Port I or Part II of Item 18.)					
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
			PLACE OF INJURY (Home, form,   20f (City or town) (County) (State)					
	MEDICAL	Hour o. m. 10 While Not while	factory, street, office bldg., etc.)					
	₹	p. m. Gradit Gradit Gr						
		21. I certify that I attended the deceased from June	, 1958, to Chings it 1958, that I last saw the deceased					
		alive on 1114, 19 35, and that dea	th occurred at 8 40 M, from the causes and an the date stated above.					
		112 1115	ADDRESS (Street, city or town, stote) DATE SIGNED					
9		SIGNATURE CATEGORY	M.D					
1		PHYSICIAN'S - T	11					
		NAME (Typo) Il Uneutel	THURS					
	220	BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY	OR CREMATORY 20019CATION/City, town, po county) (State)					
	1	June aug 18/58 fort die	rester Hadensterny Mo.					
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	1	Mrs. Lee 1 4 Cht Mass.	Carlos S. Krous					
1	7	1 Wach D.C						



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9344 **CERTIFICATE OF DEATH** director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomerv Marvland the funeral a deoth b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lawn! 2 Hr. 35 min Bethesda (Rural Lexington Park d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS U.S. Naval Hospital, Bethesda, Maryland Unknown (P.O. Box 19 3. NAME OF Middle Lost 4. DATE Month DECEASED (Type or print) DEATH Baby Girl August WELLS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH AGE (In years lost birthday) Female DIVORCED | 4 August 1958 WIDOWED [ Negro yrs 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) None Maryland 5 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME Oscar A. WELLS Gloria Ann CAMPBELL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Official Navy Records None 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) **DUE TO** Conditions, if ony, which gove rise to immediate ě DUE TO cause (a), stating the underlying couse lost, buriol-transit 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) attending 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18.] 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) factory, street, office bldg., etc.) While Not while of work of work 4 August 21. I certify that I attended the deceased from 4 August. August alive an DIRECTOR: ACTUAL SIGNATURE U.S. Naval Hospital HOSPITAL **PHYSICIAN'S** JR. LT.MC.USN C. PARKE. NAME (Type)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19, WAS AUTOPSY (County) 1958, that I last saw the deceased \_, and that death occurred at 3:05P. M, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) Bethesda. should may be retor U.S. Naval Hospital, Bethesda, Md. 177 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVA (Specify) ž St. Mary's Cemetery Lexington Park, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b\_REGISTRAR'S SIGNATUR VS A15 (4) R.A. Mattingly, Leonardtown, Maryland THIS 8 15M 10/57 111221111

Rea. Dist. No.

e. IS RESIDENCE

ON A FAPM?

YES NO K

Year

19 58

St. Mary's

Months

Day

IF UNDER I YEAR IF UNDER 24 HRS

U.S.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🕅 NO 🗍

> > (Slote)

DATE SIGNED 8-7-58

(Stote)



246. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ı	7117-114 1 115-11	TO STATE DEL ARTIN	initi Of HEALTH	-DALIMORE, TO	0001
	9196	CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
	1. PLACE OF DEATH  COUNTY  Montaneyy	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (It outside corporate limits, wire RURAL and give yearest lown)		CITY OR TOWN IN outs	Serinas	AL and give hearest town)
		num	10609Lora	in Avenue	e. IS RESIDENCE ON A FARM? YES NO
	(Type or print)	CYAUS'S	2 Knock	DATE Month OF DEATH Augu	st 19 19 58
	100 1	MARRIED NEVER MARRIED OWED DIVORCED DIVORCED	5-12-86 STRY 11. BIRTHPLACE (Stole or	1 dist birthday) M	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min
	during most of warking life, even if retired)  777, n'STer  13. FATHER'S NAME	Clergy	14. MOTHER'S MAIDEN NAM	igan	America
	milo White	16. SOCIAL SECURITY NO. 17.	101.	mallinge;	-
	(Yes no or unknown) (If yes, give war or dotes of service)	— H	ospital Record	1 //	
	18. CAUSE OF DEATH   Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	1-1- F	9 OF THE L	ungs	INTERVAL BETWEEN ONSET AND DEATH 2-3 DAY
	Conditions, if ony, which gove rise to immediate	CUTE PELV	C PERITONI	÷1's	5 DAYS
	lying cause lost. (c)		STINAL OB		5-70AY.
	S DIADETES ME	LLITUS, +	CSTENCEPH!	KITIC TARKING	PERFORMED?
		DESCRIBE HOW INJURY OCCURRE		<u> </u>	
	Hour o.m.	id, INJURY OCCURRED 20e. Pt. hile Not while for work 1 of work 1	ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decalive on 18 Aug., 1	eased from	occurred of 25/11		hat I last saw the decease on the date stated above
	ACTUAL SIGNATURE	our	M.D. 9013 F.	LOWER AVE	8/19/5
	NAME (Type) A.D. SNOW		DILVE	e SPRING	//) / /

TO HOLINIA OR ATTINDING IN WS S. May be reformed by the hospitol of CTUREAL DIRECTOR. Afters (b) the registror prior to burial, creative page 3 should be detached for

FUNERAL DIRECTOR'S SIGNATURE

ATTINDING PHYSICIAM: The faw mayires that the death amtificate be executed within 24 have after death: Toga 4

certificate has been signed by the ottending physicion and camples the burial-transit permit. Then please remove carbon papers silon, or remayal, and in any event within 72 hours after death.

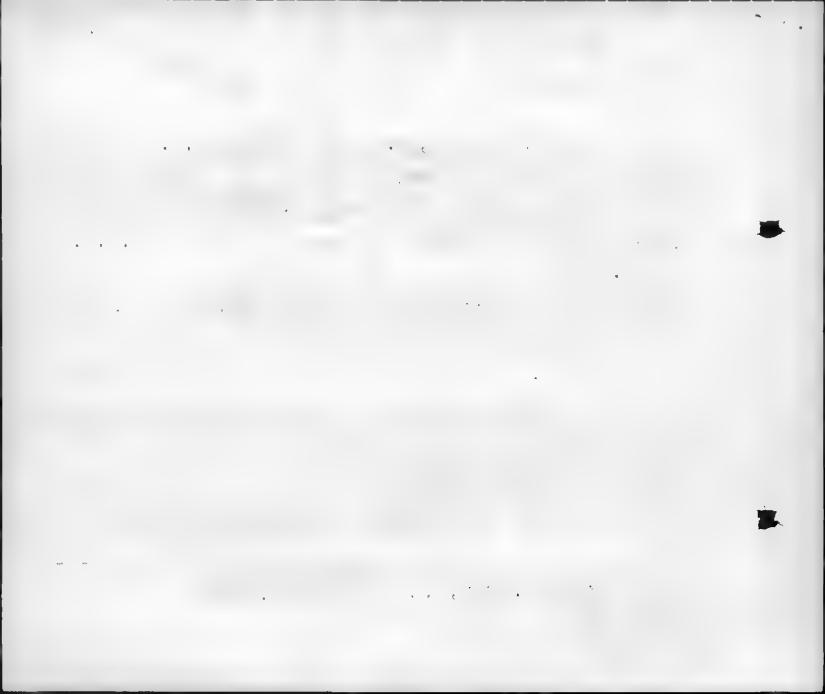
or attending physician

filled in by the funeral director, ges I and 2 shauld be filed with

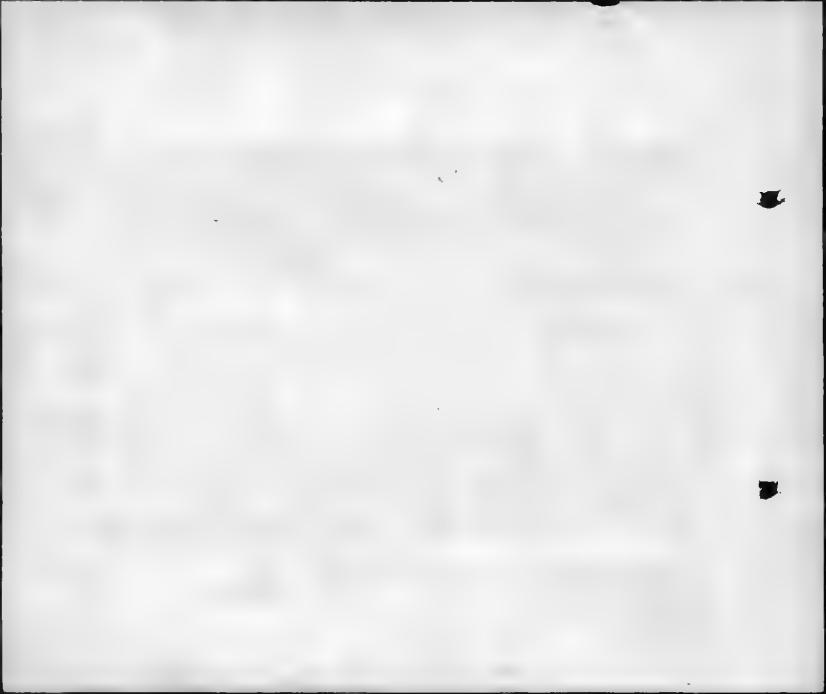


	20.30							Reg. Dist.	. No.	
1, PLACE OF DEATH o. COUNTY	Montgome	D. Joseph	MARYLA		USUAL RESIDENCE (WHO. STATE		b. COUNTY	n: Residence	before adm	nission)
b. CITY OR TOWN	(If outside carporate limi		NGTH OF STAY IN	1 1b	District of CITY OR TOWN (If			JRAL and giv	ve nearest to	own)
RURAL ond give r	negrest town)		121 days		Washington			1 1 1		
d. NAME OF HOSPI OR INSTITUTION			)		d. STREET ADDRESS		-	7 . 7		RESIDENCE I A FAPM?
The Clini	cal Center	. Bethese	da 14, M	d.	3720 Uptor	Street,	N. W.		YES	☐ NO 🍒
3. NAME OF DECEASED	Fir	rsh	Middle		Lost	4. DATE OF	Monti	h	Day	Yeor
(Type or print)		Marie 7/	7 Gilance	7-4	Wilde	DEATH		ust	14	1958
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH	1889 9 16	GE {In years st birthday}	Months D		
Female	White	WIDOWED [	DIVORCED		anuary 24,	THE PARTY OF	169		Pays Hour	
10a. USUAL OCCUPATI during most of wo	ION (Give kind of work rking life, even if retired	done 10b, KIND (	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole	or foreign country	)	12. CITIZ	EN OF WH	AT COUNT
Broker		Real	l Estate		Indiana			U.	S. A.	P
13 FATHER'S NAME				1	4. MOTHER S MAIDEN N	IAME				
Arthur W.	Jones				Lenora Ha	wkes				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16 SOCIA	L SECURITY NO	17. INFO	RMANT The Med	ical Rec	ord Addre	ess		
No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rtainable		e Clinical				. Mary	rland
18. CAUSE OF DE	ATH (Enter only one co	ause per line for (	a), (b), and (c).]					NAME - 1889	INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	ans.	L.C.							ND DEATH
1911 X	IMMEDIATE CAUSE (o		and CC	0000	Elociona				-Ma-	2
Conditions, if	and outlab Y	0		0.21	-0				1 1	
gove rise to	immediate		curina	0/1	wyord_				- Yors	>
lying couse lost.			11016	hear	& Julian				Why	-
	THER SIGNIFICANT CON	7	PHILIP TO DEATH	H PLIT NO	PELATED TO THE TERM	NAL DISCASE CON	IDITION CIVI	TALIAL BART	160 10 WA	AS AUTOPS)
PART II. OT	THE SOMMENT CON	DITIONS CONTRI	BOTING TO DEAT	I BOT NO	KEWIED IO THE TERMI	NAL DISEASE COP	NUTION GIVE	IN IN PART I		FORMED?
200 ACCIDENT W OR CONTRIBUTION	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCRIBE H	IOW INJURY OCC	URRED. (E	nter nature of injury in f	Port I or Port II of	item 18.)			
	RY Month, Day, Yes	or 20d. INJURY	OCCURRED 2	De. PLACE	OF INJURY (Home, form	, 20f. (City or to	wn)	iCo	ounty)	(Stote
20c. TIME OF INJU Hour a.m.	19		tot while		street, affice bldg., etc.		.,	,	,,	(4.0
			work A no	nd 7 7	5, 19 58, ta	Annanada	11 FO			-
	hat I attended the August 11					August				
alive on	wagase 17	1, 19 58	_, and that d	leoth oc	curred of 6:211					
ACTUAL	A A	1	10			ADDRESS (Street, o		lote)		DATE SIGN
ACTUAL SIGNATURE	Mittall	1 Va	william	M.D.	The Clinic				g	15-58
PHYSICIAN'S	Mitchell	t. Rablei	n. M D			nstitute		ealth		
NAME (Type)					Bethesda 1	4, Maryl	SANCE			
220. BURIAL, CREMATIC	ON, 226 DATE THEREC	22c. 1	NAME OF CEMETE	ERY OR CR	EMATORY	22d LOCATION	(City, town, or	r county)	(5)	tote)
BURIA	W8-18-	58/	OKTX	IN	COUN	BUAL	ENS	BUR	2G	MD
23. FUNERAL DIRECTOR	'S SIGNATURE	A	DDRESS	AUA:	1 D.C. 240. REC'I	BY REGISTRAR	24b. REGIST	TRAR'S SIGN	IATURE	
W.W) CI	HAMBER	C 40	14006	fi . " .	CX 2 BATALLE	1 7 8 '58	0 1			

pletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 this certificate has been signed by the attending physicion and we as the burial-transit permit. Then pleams remove carbon temotion, at removal, and in any event withim 72 hours pitermay be retained by the hospital or attending physician. page 3 should be detach the registrar priar to buriar VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9197 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) D. COUNTY **b.** COUNTY nt goinery MARYLAND b. CITY OR TOWN (If puiside corporate limite write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Day Year DECEASED (Type or print) DEATH A:16UST احد 19 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED 5 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN 24 M. PART I. DEATH WAS CAUSED BY: Subarecknow IMMEDIATE CAUSE (o) 30 X **DUE TO** 20 41. Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS PERFORMED? NO Z 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 70c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) White Not while. a.m. at work at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection . Inquiry A. and find that to the Chief.
DIRECTOR: 1 Accident , Suicide , Homicide , Undetermined cause . death resulted from: Natural causes 1/1, 65 aug 60 DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINES'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 2220NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 Revente Church 23. EUNERAL DIRECTOR'S SIGNATURE 24a. REA D BY KEGISTRAR 246! REGISTRAR'S SIGNATURE VS. A15ME(S) 5M 9/55



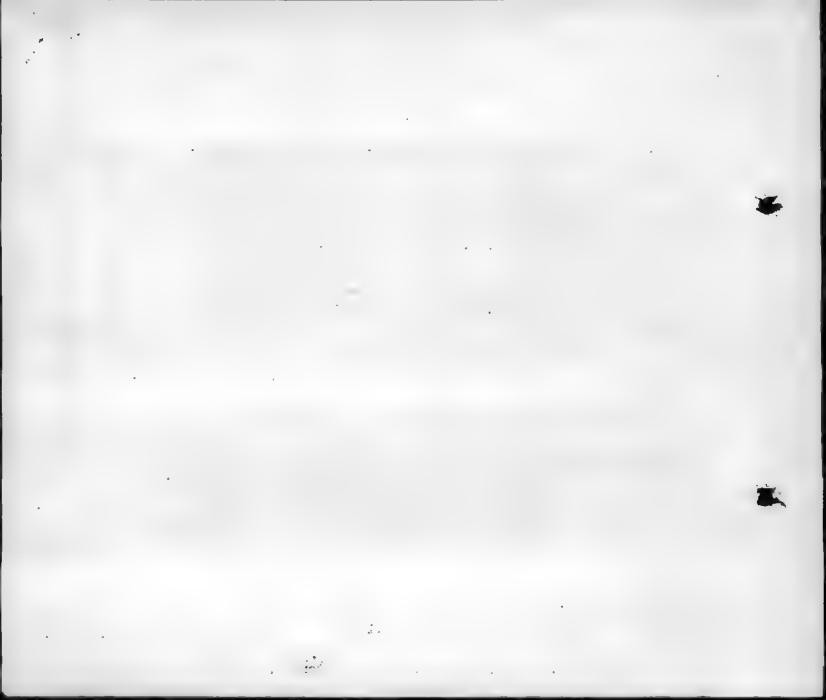
**VS. ATSME** 5M 2/57

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e	d	展記	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

U	9	3	4	3	

			9346			Reg. Dist No 215							
	1, PE	ACE OF DEATH				1 2	2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)						
	10 de	county ontgomery	T		MARYLAND	,	o STATE Maryland b COUNTY Montgomery						
		the same and the s	outside corporate limits, v	rrita EUPAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outs de carporate limits, write RURAL and g've nearest town)						
	Ве		Rural)		28 days		Takoma Par	ck / /	7				
			L OR INSTITUTION	(If not in hos)	pital, give street address)		d STREET ADDRESS					a IS RES DENCE	
	U	. S. Nava	l_Hospita	1, NNM	C, Bethesda, M	ā.	42 Philade	lphis	Ave.			YES NO	
	3, NA	LME OF CEASED		First	Middle		Lost	4. DATE	Mont	h	Day	Yeor	
		pe or print)	Jac	kie	Terry	WI	ILIAMS	DEATH	Augu	st	10	19 58	
-	S. SEX		6. COLOR OR RAC	E 7 MARRIE	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE		IF UNDER 24 HKS.	
	Ma:	le	White	WIDOWEE	DIVORCED [	No	ovember 21,	1937	20 ун.	Months	Days	Hours Min,	
			N (Give kind of war g life, even if retired		IND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (State	at foreign	country)	12. CI	rizen oi	F WHAT COUNTRY?	
		eaman	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S. Navy		W. Virgi	inia			USA		
	13. FA	3. FATHER'S NAME				1/	L MOTHER'S MAIDEN N	IAME				w.m. m.	
	A	lbert WII	LIAMS				Lucille M	KEE	IAN				
		AS DECEASED EVE	R IN U. S. ARMED	ORCES? 16	SOCIAL SECURITY NO. 17.	INFO	RMANT		Address			-	
		yes   1-17-55 to pres. 379 36 0931 Official Navy Records											
	-				for (o), (b), and (c).						INTER	VAL BEIWERN	
	"	PART I. DEATH WAS CAUSED BY											
			IMMEDIATE CAUSE		epiracory rai	Lu	E				-		
y		\$ 5	DUE T	-			(1) 0		41.			00 3	
		Conditions, if any, which to cord 28 days gove rise to immediate cause											
	(a), stating the underlying DUE TO cause last. (c)												
	S S	PART II, OTH	ER SIGNIFICANT CO	INDITIONS CO	INTR BUTING TO DEATH BUT	TON	RELATED TO THE TERMI	INAL DISEA!	E CONDITION GIV	VEN IN PA	RF 1(a) 1!	PERFORMED?	
	131										١	YES NO	
	1 S 1 P 1	Da. EXTERNAL CAU	ISE WAS ITRIBUTING IS	20b DESCRIBE	HOW INJURY OCCURRED	(Ente	r nature of injury in Part	Flor Part I	of item 18.)				
	1	AUSE OF DEATH.		Dived	from pierand	si	ruck sunker	n obsi	ruction.				
3	3 20	OC TIME OF INJUR	Y Month, Day,	Year 20d I	NJURY OCCURRED 20e PL	ACE -	OF INJURY (Hame, farm street, affice bldg., etc.)	, 120f. [Cit	y or lawn)	(Co	ounty)	(State)	
f-	WEDICAL 20	6:00 p.m.	7-13	1958 Of We	rk of work & Bre				eezy Poi	nt Ca	lver	t Md.	
			at I took char		emoins described ob				nspection K		ry 🔯		
		pinion death	resulted from:	Natural c	ouses . Accident	5	Suicide .	Homicide		rmined	, (C.2)		
		^				LAM	المما				1.1011110		
		ACTUAL	= 1	Ban	- to . t	à.	CHIEF MEDICAL EX	AMINER [	1			DATE SIGNED	
ACCICTANT MEDICAL EVANINGO D													
	E	EXAMINER'S FOR THE PROPERTY OF	rank J B	ROSCHAR	Т		DEPUTY MEDICAL	EXAMINER	20	0-1	.0-58	>	
	22o. B	JRIAL CREMAT O	N. 1226 DATE THEE		22c NAME OF CEMETERY C	R CR	EMATORY	22d LOC/	TION (City, town,	or county)		(Sinte)	
	B	REMOVAL (Specify)	8-15-58		Jellico Cem	ete	ery	Jell:	Lco, Camp	bell	Co.	Tenn.	
	23 FL	INFRAL BIREPTOP	SSIGNATION		ADDRESS		240. REC'		TRAN- 246 REGI				
	W	W. CHAM	BERS CO.	1400 C	hapin StNW.	Was	shing A.G.	BN	500 //	The	wx	4 True	



764 C 300

e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

(State)

(County)

22d LOCATION (City, town, or county)

Takoma Park, Md.

246 REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

5

YES NO

22b. DATE THEREOF

8-2-58

2075314XV

23. FUNERAL DIRECTOR'S SIGNATURE

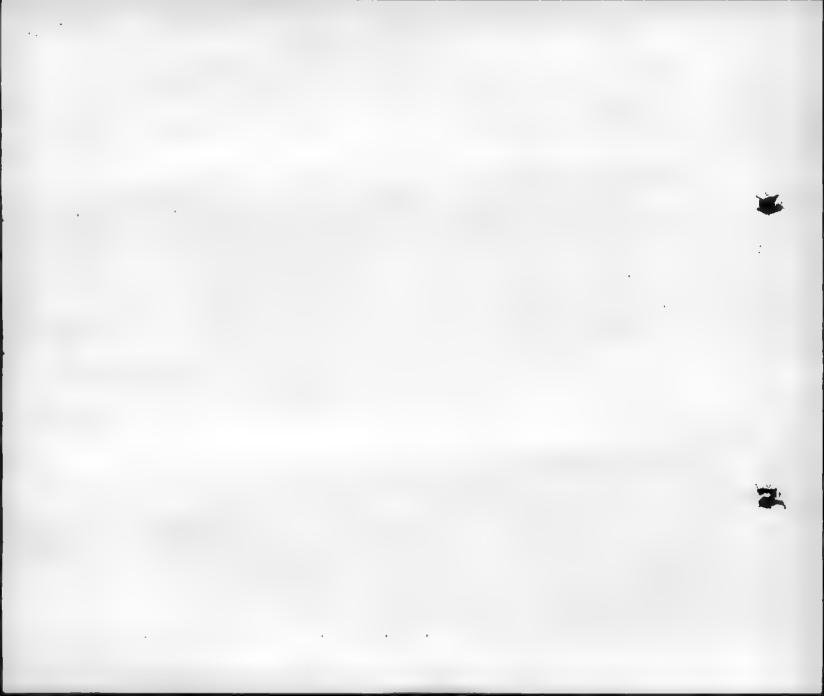
220 BURIAL CREMATION.

VS A15 (4) 15M 10/57

**ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

by Wash. San. & Hosp.



approve.

and

Notified

Examinor

Medical

Asst

FUNERAL DIRECTOR'S SIGNATURE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09345

	9347	CERTIFI	CATE OF DEAT	H		Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAN	2 USUAL RESIDENCE (W O. STATE  MARYL		b. COUNTY	n: Residence bei		sion)
RURAL and give	(If outside corporate limits, write nearest fown)  SPRING	c LENGTH OF STAY IN	- m A	outside corporate li	mits, write Rt		COLUMN TO AND	n}
d NAME OF HOSE OR INSTITUTION 814 ST		oddress)	d. STREET ADDRESS		ATTENDED	7		SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	First	Middle WINSLOW	Lasi	4. DATE OF	Mont	h C	Ооу	Yeur
5. SEX male	6 COLOR OR RACE 7. MARR	NEVER MARRIED [	December 8.1	9 AG	UGUST if (in years if birthday) 63 yrs	IF UNDER 1 YEA Months Days		1958 ER 24 HRS. Min
10a. USUAL OCCUPAT during most of we butcher 13. FATHER'S NAME	TION (Give kind of work done 10b. arking life, even if retired)  Di	st. Grocery	IDUSTRY 11. BIRTHPLACE (State	ssia		12. CITIZEN U.S		COUNTRY
15. WAS DECEASED ET	VER IN U. S ARMED FORCES? 16.		7. INFORMANT Arthur J. Will	unknown	Addr	ess nev Dr.		Va
	g the under-	Carte myo	entre and He Vascular	pertense Bisearl	ne Car	10	TERVAL BE	DEATH / OTHER
200 ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS OF LOW STANDER CONDENSIONS OF DEATH OF MEDICAL EXAMINER)	no vasculer a	BUT NOT RELATED TO THETERM  RRED. (Enter nature of injury in			EN IN PART 1(0)	PERFO	AUTOPSY ORMED? NO
20c. TIME OF INJU	. While	Not while of wark	PLACE OF INJURY (Home, form factory, street, affice bldg., etc	n, 20f. (City or tax	vn)	(County	}	(State)
actual SIGNATURE	that I attended the decease  2	7., and that de	1951, to 8 ath occurred at 3.1	AM, from the ADDRESS (Street, c	causes a		ate state	
220. BURIAL, CREMATI REMOVAL (Specification)	OON, 22b. DATE THEREOF	22c. NAME OF CEMETER		22d LOCATION (			(State	

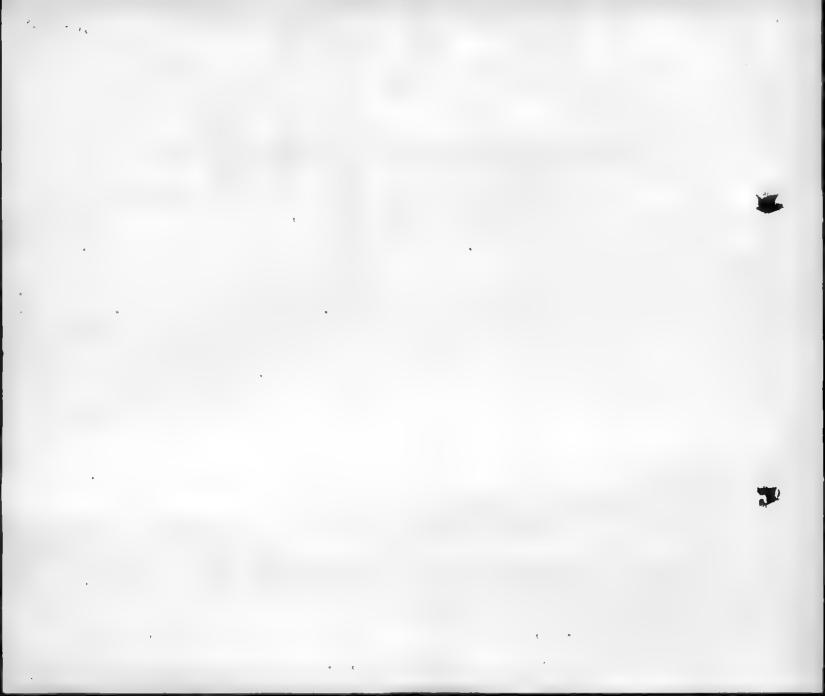
24a. REC'D BY REGISTRAR DATIG 2 0 '58

246. REGISTRAR'S SIGNATURE

**ADDRESS** 

Silver Spring,Md.

VS A1S (4) 15M 10/57



	1.
4	

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AAAAA

arthur S. Kraus

DANG 1 4 '58

9348	CERTIFICA	ATE OF DEATH	Reg. Dist.	No. 09340
1. PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (Where deceded or STATE	med lived If institution Residence   b. COUNTY	
MONTGOMERY	MARYLAND	Maryland	Montgo	omery
b CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	rporote limits, write RURAL and give	nearest town)
Kensington		Chevy Chase		
d NAME OF HOSPITAL (If not in hospital, give sto OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Kensington Gardens Rest	t Home	/ 33 Quincu	Street	YES NO
3. NAME OF First DECEASED A CONTROL OF	Middle	Lost 4. DAT	E Manth	Day Year
(Type or print) AGNES	MAE	WOLFINGER SEA	TH August 13	19 58
5. SEX 6. COLOR OR RACE 7. N	AARRIED   NEVER MARRIED	B. DATE OF BIRTH		EAR IF UNDER 24 HRS
re wow	OWED A DIVORCED	July 15, 1884	71 yrs. Months 28	Hours Min,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS		country)   12 CITIZE	N OF WHAT COUNTRY
Housewife		Iowa	US	S
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Andres Sonerson		Louisa And	derson	
15. WAS DECEASED EVER IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO 17. IF	NFORMANT	Address	
(Yes, no or unknown) (II yes, give wor or dores of service)	None Ca	arroll M. Wolfinge	r-sone-same as ?	2 d
18. CAUSE OF DEATH (Enter only one cause pr				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	212777	00 T- 40		ONSET AND DEATH
IMMEDIATE CAUSE (o) UE TO		ocare 12	ace o-verige	14-
7 0.010	amena lada	J. a.t.	- 00	•
Conditions, if ony, which (b) (b)	The second	o merco	- Contractor	
cause (a), stoling the under-	)			
lying couse lost, (c)	NO CONTROL TO 10 TO DELL'AND DATA			
PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   orthitis	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 1(	PERFORMED?	
20a. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or P	ort II of item 18.)	
	d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, form, 20f. (C	ily or town) (Cour	nty) (State)
Haur o m. Wi	hile Not while too	tlory, street, affice bldg., etc.)		
21. I certify that I attended the deci	accord from OCT 5	10 00 - Busin	alo 13 1958, that I las	
alive an august 12, 1		19 39, 10 Octable		
dive on	255, and that death		am the causes and an the (Street, city or town, state)	
ACTUAL & (4)	No - O A.	E ADDRESS	(Sireer, city or rown, store)	DATE SIGNE
SIGNATURE	YEAR N	M.D	8/13/38	
PHYSICIAN'S Stephen	w Newlond	7 1746 K St. N. W	. Washington, D.	. C.
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		ATION (City, town, or county)	(Stote)
Bur-Transit 8/13/58	Glendale Cema	etery De	esMoins, Iowa	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		STRAP 245 REGISTRAP'S SIGNIA	THE

Bethesda, Maryland

VS A15 (4) 15M 10/57

Robert A. Pumphrey



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	984	3	921/111						Re	g. Dist. No.		
1. PLACE OF DEATH COUNTY Montgomes	ry		MARYLA	IND	2. USUAL RESIDEN o STATE Marylar		ere deceased	b. COUNTY		gomery	re odmis	sion)
RURAL and give no	f outside carparate limit arest town)	s, write	c. LENGTH OF STAY IN	11Ь								
Olney			9 days		× Burtons		Le					
or institution  Brooke Gro	Al (If not in hospitol, g iza. Mismailma		oddress)		d. STREET ADDI	RESS						SIDENCE FARM?
							4 04-					
3. NAME OF DECEASED (Type or print)	Fir T.e	wis	Middle		Wootter	1	4. DATE OF DEATH	Augus		Do 1	•	Year 19 58
5. SEX			IEDE NEVER MARRIED	□   8	. DATE OF BIRTH			9 AGE tin years		NDER I YEAR	IF UND	
Male	White	WIDOWE			3/9/73	3		fost birthday) 85 yrs	Mai	nths Days	Hours	Min
	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST				ountry)		2. CITIZEN O		COUNTRY
Farmer	(Retired)		Varm			ary.				US	A <sub>.</sub>	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME					
John 15 WAS DECEASED EVE	Henry Woot		COCIAL CECUDITY NO	17 151	Marga	ret	Eliza	beth Mit		ell.		
	If yes, give wor or doles of si		SOCIAL SECURITY NO.	17, 104	Hospital	Por	obror	Add		ey, Ma	ח ליזיי	nd
10 CALIFF OF DCA	THE CO. L. L.			<u> </u>	7	110	oorus	4	1 1 1			
	TH [Enter only one co TH WAS CAUSED BY:	use per lin	ne far (a), (b), and (c).		1000		A .	11- 7	H	ONS	ERVAL BI	DEATH
	IMMEDIATE CAUSE (0)		nem	0_	Jack	-7/ L	11	1 Carri	per	The contract of	m	ma
904.0	DUE TO	(h)	10		- = 100x	10	1	- u		1	10	
Conditions, if any, which												
	gave rise to immediate cause (a), stating the under lying cause last.							-   V	14 days			
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	E TERMIN	AL DISEAS	E CONDITION GIV	/EN II	N PART 1(o) 1	PERFC	AUTOPSY PRMED?
	S UNDERLYING DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature of in	jury in P	ari I or Pari	Il of item 18.)	47	fer	nu	R
20c. TIME OF INJUR Hour a. m. p. m.	10,7 30,5	20d. IN While at wark	Not while,g		OF INJURY (Ham ary, street, office blo			ulnur	rli	(County)	mil	(State)
21. I certify th	at I attended the	decease	20 7	/		0.8	1134			at I last so		
alive on	14/1	, 12 <u>.</u> 	2 A, and that'd	eath (	accurred at			the causes o				ed abav
ACTUAL SIGNATURE	111	20	20	м	· Sa	n	ly .	Joe-	`	7	841	3/5
PHYSICIAN'S NAME (Type)	J. W. B	ird,	M. D.			Sano	ly Spi	ring, Md.	/		/	
220. BURIAL, GREMATION REMOVAL (Specify)	N. 2767 DATE THEREO	195	22c NAME OF CEMETI	RY OR	CREMATORY Or	n	228 1004	MON (City, town)	Dr COL	unty) The	(510	e)
23. FUNERAL DIRECTOR	SIGNATURE	08	ADDRESS	/	2 Sul 74	o. REC'D	BY REGIST	RAR 24b REGI	STRAF	R'S SIGNATUR	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 rety filled in by the funeral may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed to the page 3 should be detached for a since burial-transit permit. Then please permit in the registrar prior to burial, as the burial-transit permit. Then please permit in the registrar prior to burial, as the burial or remayor, and in any event within/72 hours after death. VS A15 (4) 15M 10/57

90



Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY Marvland Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Woodbine e, IS RESIDENCE ON A FARM? 77. Route #2 YES NO TE DATE Day Month Year DEATH 19 58 August 9 AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys

Address

yrs. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY?

U. S. A.

Maryland 14 MOTHER'S MAIDEN NAME

17 INFORMANT

Susie Hammond

Hospital Records

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED

16. SOCIAL SECURITY NO.

Hour a.m. While Not while at work of work p. m.

during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

cause (o), stating the underlying cause lost,

Louis Worthington

IMMEDIATE CAUSE (6)

DUE TO

**DUE TO** 

13 FATHER'S NAME

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

DATE SIGNED

PERFORMED? YES NO 12

to Hearth - 0 1955 that I last saw the deceased 21. I certify that I attended the deceased frame and that death accurred at 3:10p.M, from the causes and on the date stated above. alive on

ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Sykesville, Maryland

PHYSICIAN'S NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

Sykesyllle 220. BURIAL, CREMATION, 226. DATE THEREO OF CEMETERY OR EMOVAL (Specify)

22d\_&OCATION (City, tower, or county)

DATE

8

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

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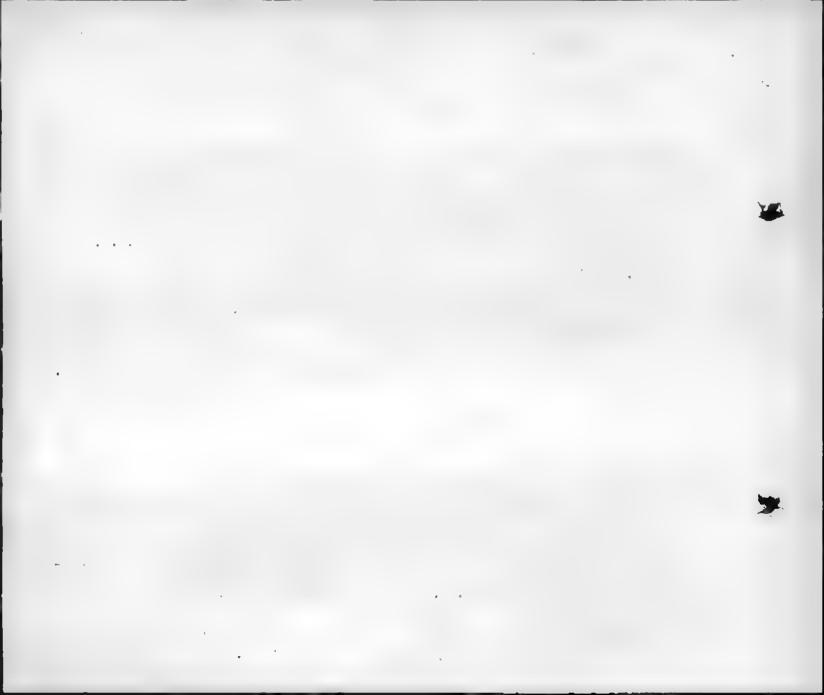
**CERTIFICATE OF DEATH** 

Dan.	Dist.	M.
NOU.	W131.	3.484

411144				Keg. DISI. 140.
1. PLACE OF DEATH o. COUNTY Mont company	MARYLAND	2. USUAL RESIDENCE (Wh. STATE Maryland	ere deceased lived. If institution b. COUNTY	
1011050mer J		Maryland Montgomery  c City OR TOWN (If outside corporate limits, write RURAL and give nearest fown)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	CITY OR TOWN IN	ulside corporale limits, write KU	KAL and give nearest town;
Bethesda	26 days	Rockville		
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM
The Clinical Center		12017 Ashle	y Drive	YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	
(Type or print) Jettye	Ellen	Wyatt	DEATH 22 Aug	gust 1958
S SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min
Female White WIDOWN	ED DIVORCED	July 26, 1889	9 69 115	Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN
Teacher	Education	Kentuck	7	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
David W. Gilliam	Ellen Pace			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT The Med	iical RecordAddre	255
no	None Th		enter, Bethesda	
1B CAUSE OF DEATH (Enter only one couse per lin				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	neumonia			1 day
2043 DUE TO				
Canditions, if ony, which ) (b) AC	leukemia 2 y			
gave rise to immediate DUETO				
lying cause lost.				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	
CAT				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	'art I ar Port II of item 18.)	
	for the state of t	ACE OF INJURY (Home, form		(County) (Sto
Hour o. m. While at warf	1401 Willie	tory, street, office bldg., etc.	'	
21. I certify that 1 attended the decease	ad from July 27	10 58 to A1	181st 22 1058	,that I last saw the dece
alive on August 22 195	68 and that dooth	accurred at 11 : 1/51	P.M. from the course of	nd an the date stated ab
/	*		ADDRESS (Street, city or lawn, s	
SIGNATURE Nabeel Ba	e-Re-		nical Center	8-23-58
SIGNATURE			I Institutes of	*******
PHYSICIAN'S Habeeb Bacchus	s, M. D.		a 14. Maryland	I Hear on
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or	r county) (Slote)
Burrent 8/23/58	Maple Lawn		Paducah, Ken	,,
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24n REC'I	RY REGISTRAR 245, REGIST	TRAR'S SIGNATURE
Robert A. Pumphrey-Be	thesda, Maryla	and DATE AU		Thur S. Kraus

Pages 1 and 2 should be filed with TO MOSTITAL DR ATTEMBING PHYSICIAN: The faw requires that the death certificate be elecated within 21 hears after death. Page 1 may be retained by the haspitat or attending physician.

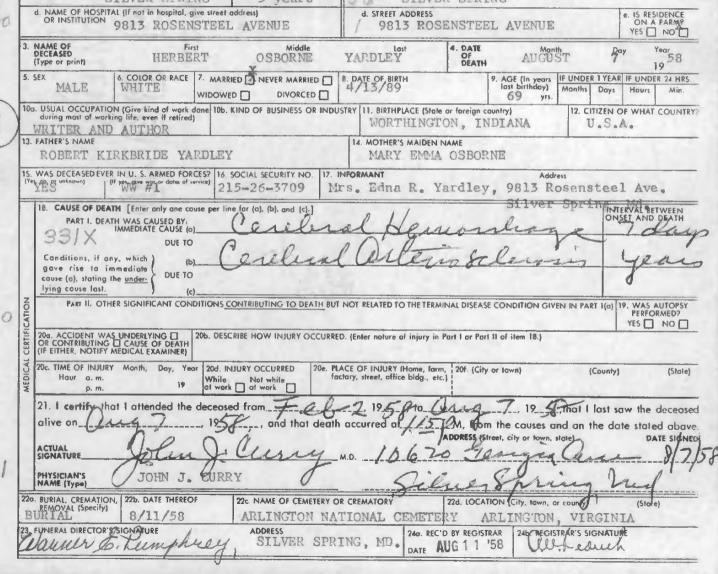
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cam page 3 shauld be detached for se as the burial-transit permit. Then please remove carbon pap the registrar priar to burial, crematain, or remaval, and in any event within 2 hours after death. VS A1S (4) 1SM 10/57



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	physician and can seely filled in by the funeral director,	Pages 1 and 2 shauls be filled with	1
,	P		İ
	n signed by the attending physician and can	permit. Then please remove carbon paper Pages 1 and 2 shauls be	and in any event within 72 hours ofter death.
	gned by t	sit permit. 1	in any ev
			-

o. COUNTY

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MONTGOMERY MARYL AND b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SPRING SILVER SPRING 5 years d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 9813 ROSENSTEEL AVENUE 9813 ROSENSTEEL AVENUE YES NOT First Middle 4. DATE Year OSBORNE YARDLEY AUGUST HERBERT DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Days Min DIVORCED T 69 WIDOWED | YES. 12. CITIZEN OF WHAT COUNTRY! U.S.A. WORTHINGTON, INDIANA 14. MOTHER'S MAIDEN NAME MARY EMMA OSBORNE 17. INFORMANT Address Mrs. Edna R. Yardley. 9813 Rosensteel Ave. 5-26-3709 Springerval Between ONSET AND DEATH

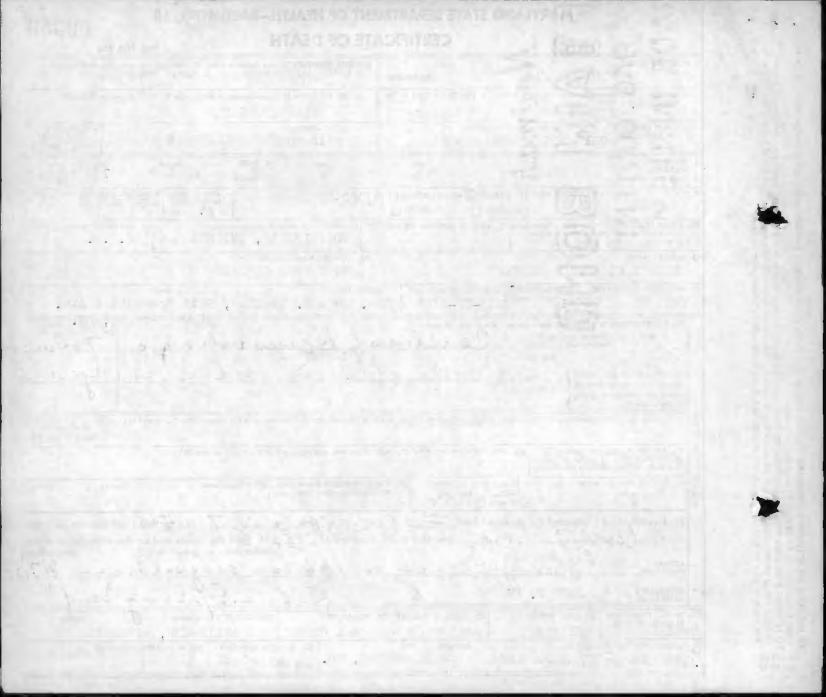


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SILVER SPRING, MD.

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deoth.'s Page.